

J. L. FAIRBANKS & CO.
Stationers
43 FRANKLIN STREET
—BOSTON—





Registered No. 1

(If deceased is a married, widowed or divorced woman, give also maiden name.

(If U. S.
War Veteran,
specify WAR)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 1 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
1934 to 1935

I last saw him alive on June 1, 1936, death is said to have occurred on the date stated above, at 11:42 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage 12/31/

Contributory causes of importance not related to principal cause:

Chromi N. ephemer

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify household

(Signed) _____, M. D.
(Address) _____ Date 1/3 1934

21 PLACE OF BURIAL.

CREMATION OR REMOVAL Winnipeg Winnipeg
(Cemetery) (City or town)

DATE OF BURIAL Jan 3 1925

22 NAME OF UNDERTAKER Richard V. White

ADDRESS *Wentworth*

Received and filed.....19.....

JAN 8 1935
A TRUE COPY ATTEST: (Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30, No. 7997-g

1 PLACE OF DEATH Suffolk County Winthrop (City or Town) No. 185 Woodside Ave. St. Ward {		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19,772		To be filed for burial permit with Board of Health or its Agent. Registered No. 2 (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Madeline Marie Muldon (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 185 Woodside Ave. St. Ward, (Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred 22 yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 30 Years Months Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. Tanning Co.					
10 Date deceased last worked at this occupation (month and year) Dec 31/34 11 Total time (years) spent in this occupation 10yrs					
12 BIRTHPLACE (City) Roxbury (State or country) Mass					
13 NAME OF FATHER Joseph E.					
14 BIRTHPLACE OF FATHER (City) Waltham (State or country) Mass					
15 MAIDEN NAME OF MOTHER Mary E. Noonan					
16 BIRTHPLACE OF MOTHER (City) Waltham (State or country) Mass					
17 Informant (Address) Maulea Muldon sister 185 Woodside Ave. Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/4/35 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan 2 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Asphyxiated by Suspension Suicide.					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) George Burgess Mognth, M. D. (Address) 600 Main St. Suffolk Co. Date 2 Jan 1935					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary, Waltham (Cemetery) (City or town)					
DATE OF BURIAL January 5 1935					
22 NAME OF UNDERTAKER Frederick H. Tape ADDRESS 145 Main St. Winthrop					
Received and filed 19 JAN 8 1935 (Registrar)					

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L., as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Spethrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 1378	
No. 31 Lowell Rd.		St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Gertrude M. Howard		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 31 Lowell Rd.		St.,		Ward,	
(Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred 5 yrs.		mos.		days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX F	4 COLOR OR RACE W.	5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)			
5a If married, widowed, or divorced HUSBAND of Channing Howard (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 65 Years		If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10 Date deceased last worked at this occupation (month and year)				
11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) Boston (State or country) Mass.					
13 NAME OF FATHER Horace C. Creeth					
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.					
15 MAIDEN NAME OF MOTHER Harriet St. Neath					
16 BIRTHPLACE OF MOTHER (City) Vermont (State or country)					
17 Informant Channing Howard (Address) 31 Lowell Rd. North					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childers (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 11/7/35					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH 1 4 35 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 1935, to 1-4-1935					
I last saw her alive on 1-4-1935, death is said to have occurred on the date stated above, at 11 P. M.					
The principal cause of death and related causes of importance in order of onset were as follows: Acute Dilatation of Heart 1-4-35					
Contributory causes of importance not related to principal cause: Chronic Nephritis					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. (Address) Date 19					
21 PLACE OF BURIAL, CREMATION OR REMOVAL East Boston Mass. (Cemetery) (City or town)					
DATE OF BURIAL Jan 7, 1935 19					
22 NAME OF UNDERTAKER R. C. Kirby					
ADDRESS East Boston					
Received and filed 11 8 1935 19 (Registrar)					

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of a member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectil, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectil shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician any other necessary information which can be furnished for registration certifying the cause of death shall therefor be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons **found dead.**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphena, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes they may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-30. No. 605-b

PLACE OF DEATH		Sufflok (County)		Winthrop (City or Town)		No. 69 Sargent		St., Ward		Registered No. 1	
2 FULL NAME John James Reed (If deceased is a married, widowed or divorced woman, give also maiden name.)											
(a) Residence. No. 69 Sargent St., Ward, (If U. S. War Veteran, specify WAR)											
Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.											
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)					
M		White		Married		Married					
5a If married, widowed, or divorced HUSBAND of Attie Philips (Give maiden name of wife in full)											
(or) WIFE of (Husband's name in full)											
6 IF STILLBORN, enter that fact here.											
7 AGE 77 Years 1 Months 1 Days If less than 1 day Hours Minutes											
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman											
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass											
10 Date deceased last worked at this occupation (month and year) Dec. 34 11 Total time (years) spent in this occupation 50											
12 BIRTHPLACE (City) Pottstown (State or country) Pa.											
13 NAME OF FATHER John Reed											
14 BIRTHPLACE OF FATHER (City) England (State or country)											
15 MAIDEN NAME OF MOTHER Catherine Ferguson											
16 BIRTHPLACE OF MOTHER (City) England (State or country)											
17 Informant Son Lawton J. Reed (Address) 69 Sargent St.											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 1/8/35											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH Jan. 5 35 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from Dec 27 1934, to Jan 5 1935 I last saw him alive on Jan 5 1935, death is said to have occurred on the date stated above, at 2:10 P. M. The principal cause of death and related causes of importance in order of onset were as follows: Cerebral Hemorrhage Dec 27 1934 Contributory causes of importance not related to principal cause: Name of operation None Date of What test confirmed diagnosis Abstinence Was there an autopsy? No 20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Raymond B. Parker, M. D. (Address) Winthrop Mass. Date Jan 5 1935 21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cambridge (Cemetery) (City or town) DATE OF BURIAL Jan. 8 1935 22 NAME OF UNDERTAKER Richard H. White ADDRESS Winthrop Received and filed JAN 8 1935 A TRUE COPY, ATTEST: (Registrar)											

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is every important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
 - 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exurne a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or its insufficiency, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retinal, served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retinal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

1	PLACE OF DEATH	Suffolk (County)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	STANDARD CERTIFICATE OF DEATH	Registered No. 5
		Winthrop (City or Town)			
		No. Winthrop Community Hospital	St.	Ward	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME		John Wenceslaus Campbell (If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No. 79 Quincy Ave		St. Ward (Usual place of abode) (If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)			
Male	White	Married			
5a If married, widowed, or divorced					
HUSBAND of Annie Laurie McNeil (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	83	Years	Months	Days	If less than 1 day Hours Minutes
OCCUPATION.	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipwright				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard				
	10 Date deceased last worked at this occupation (month and year) Aug 1919				
11 Total time (years) spent in this occupation 60					
12 BIRTHPLACE (City) Cardigan (State or country) Prince Edwards Island					
PARENTS	13 NAME OF FATHER Allan				
	14 BIRTHPLACE OF FATHER (City) Scotland (State or country)				
	15 MAIDEN NAME OF MOTHER Emerline Anear				
	16 BIRTHPLACE OF MOTHER (City) Plymouth (State or country) England				
17 Informant Lillian Campbell (Address) 79 Quincy Ave Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) Needle Officer 1/7/35 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan 6 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from Dec 22 1934 Jan 6 1935 I last saw him alive on Jan 5 1935, death is said to have occurred on the date stated above, at 4:00 a.m. The principal cause of death and related causes of importance in order of onset were as follows: Chronic myocarditis 1924 arteriosclerosis 1924					
Contributory causes of importance not related to principal cause: acute bronchitis Dec 15 34 B. schistosomiasis Dec 22 34 B. myelitis, of prostate Prostatitis 1924					
Name of operation None Date of What test confirmed diagnosis? Clinical Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Hydatid cyst of liver M. D. (Signed) Winthrop Jan 7 1935 (Address)					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)					
DATE OF BURIAL Jan 7 1935					
22 NAME OF UNDERTAKER John J. Kelly ADDRESS Winthrop Mass					
Received and filed 19 JAN 8 1935 (Registrar)					
A TRUE COPY, ATTEST:					

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 3.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor be furnished for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **supposablely due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1 PLACE OF DEATH	Winthrop (City or Town)	St., Ward		Registered No. 6	
	No. 369 Winthrop			(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Enlalie Churchill		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 369 Winthrop		St., Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 44 yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 51 Years 9 Months 1 Days		If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office				
	10 Date deceased last worked at this occupation (month and year) Dec. 1934				
11 Total time (years) spent in this occupation 35					
12 BIRTHPLACE (City) Freedom (State or country) New Hampshire					
PARENTS	13 NAME OF FATHER John C. Churchill				
	14 BIRTHPLACE OF FATHER (City) North Parsonfield (State or country) Maine				
	15 MAIDEN NAME OF MOTHER Annie Burk				
	16 BIRTHPLACE OF MOTHER (City) Magnolia Islands (State or country) Magdalen Nfld.				
17 Informant Preston B. Churchill (Address) 369 Winthrop St Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childress (Signature of Agent of Board of Health or other) Health Officer 1/9/35 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan 6 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Jan 4 1935 to Jan 6 1935 I last saw her alive on Jan 6 1935, death is said to have occurred on the date stated above, at 10 P. m. The principal cause of death and related causes of importance in order of onset were as follows: Lobar Pneumonia Date of Onset Jan 4 1935 IMPORTANT					
Contributory causes of importance not related to principal cause:					
Name of operation none Date of What test confirmed diagnosis Chest X-ray Was there an autopsy? no					
20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Raymond B. Parker M. D. (Address) Winthrop Mass Date Jan 5 1935					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)					
DATE OF BURIAL Jan. 9, 1935 19					
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass.					
Received and filed JAN 10 1935 19 (Registrar)					

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed in illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman, although in answer to Question 8 and *own home* in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soy factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Acute interstitial nephritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the remains of a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, or is insufficient, his certificate cannot be obtained early enough shall upon application make the certificate required for the purpose, of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retiral, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retiral shall appear upon the permit, certificate, or its agent, upon receipt of such statement and of the town, shall forthwith countersign it and transmit it to the clerk given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the remains thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septimal) agents, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1 PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 141 Loring Rd.		St.,		Ward		Registered No.	
2 FULL NAME		Mauda E. (Lindsey) Philbrook (If deceased is a married, widowed or divorced woman, give also maiden name.)										(If U. S. War Veteran, specify WAR)	
(a) Residence. No.		141 Loring Rd.		Winthrop		St.,		Ward,		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		yrs.		mos.		days.		How long in U. S., if of foreign birth?		yrs.		mos. days.	
PERSONAL AND STATISTICAL PARTICULARS												MEDICAL CERTIFICATE OF DEATH	
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)		18 DATE OF DEATH		Jan. 13 1935		(Month) (Day) (Year)	
Female		White		Married				19 I HEREBY CERTIFY, That I attended deceased from		Jan 5 1935 to Jan 13 1935		1935	
5a If married, widowed, or divorced		HUSBAND of		(Give maiden name of wife in full)		Ralph W. Philbrook		I last saw her alive on		Jan 13 1935		death is said to have occurred on the date stated above, at 7:45 P. m.	
(or) WIFE of		(Husband's name in full)						The principal cause of death and related causes of importance in order of onset were as follows:		Chronic myocarditis		Date of Onset	
6 IF STILLBORN, enter that fact here.		7 AGE		61 Years 3 Months 8 Days		If less than 1 day		Hours		Minutes		IMPORTANT	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Housewife		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation		Contributory causes of importance not related to principal cause:		1930	
12 BIRTHPLACE (City)		Portland		(State or country)		Maine		Name of operation		homen		Date of	
13 NAME OF FATHER		John E. Lindsey		14 BIRTHPLACE OF FATHER (City)		South West Harbor		(State or country)		Maine		What test confirmed diagnosis	
15 MAIDEN NAME OF MOTHER		Clara E. Randall		16 BIRTHPLACE OF MOTHER (City)		Harrington		(State or country)		Maine		Was there an autopsy? No	
17 Informant (Address)		Ralph W. Philbrook		141 Loring Rd., Winthrop, Mass.		20 Was disease or injury in any way related to occupation of deceased? No		If so, specify		R. B. Parker		M. D.	
18 DATE OF BURIAL		Jan. 15, 1935		19 DATE OF BURIAL		Jan. 15, 1935		21 PLACE OF BURIAL, CREMATION OR REMOVAL		Winthrop		(Cemetery) (City or town)	
22 NAME OF UNDERTAKER		R. E. White		ADDRESS		147 Winthrop St., Winthrop		Received and filed		19		JAN 1 1935 (Registrar)	

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 1/15/35

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, in such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectified, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectified shall appear upon the permit, certificate, board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease, are related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner—weaver*, etc.

In stating the industry or business, avoid the use of such general terms as *store*, *factory*, *mill*, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Ateloidactosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997.

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Rutland (City or town making return)	
1	Worcester (County)	STANDARD CERTIFICATE OF DEATH		Registered No. 8	
1	Futland (City or Town)			8	
No. Veterans' Administration Facility		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Herbert Austin Mills (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR) P. T. E.	
(a) Residence. No. 53 Beale		St.,		Ward, Winthrop, Mass.	
(Usual place of abode)				(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 1 yrs. 1 mos. 21 days		How long in U. S., if of foreign birth?		yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married			
5a If married, widowed, or divorced HUSBAND of Ruth Harding (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 35 Years 11 Months 25 Days		If less than 1 day Hours Minutes			
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician			
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) Madisonville, (State or country) Texas					
13 NAME OF FATHER William Henry Mills					
14 BIRTHPLACE OF FATHER (City) Texas (State or country)					
15 MAIDEN NAME OF MOTHER Olivia Lucas					
16 BIRTHPLACE OF MOTHER (City) Texas (State or country)					
17 Informant Hospital Records (Address)					
A TRUE COPY.					
ATTEST: (Registrar of city or town where death occurred)					
DATE FILED January 13, 1935					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH January 13, 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from November 22, 1933, to January 13, 1935. I last saw him alive on January 13, 1935, death is said to have occurred on the date stated above, at 10:20 A. M.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Tuberculosis of the lungs Unknown Tuberculosis of the larynx Unknown					
Contributory causes of importance not related to principal cause: None					
Name of operation None Date of					
What test confirmed diagnosis? Phys. x-ray, lab. Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify					
(Signed) E. C. J. Miller, Officer of the M.D. Day VAR Address Futland Hts. Mass. Date 1/13 1935					
21 PLACE OF BURIAL, Honest Hills Crematory CREMATION OR REMOVAL Forest Hills, Mass. (Cemetery) (City or town)					
DATE OF BURIAL January 16, 1935					
22 NAME OF UNDERTAKER Frank H. Miles Co. ADDRESS Jefferson, Mass.					
Received and filed FEB 4 1935					
(Registrar of City or Town where deceased resided)					



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County)	STANDARD CERTIFICATE OF DEATH		Registered No. 9	
Winthrop (City or Town)					
No. 297	Winthrop	St.	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Josephine (Bailey) Dodge				{ (If U. S. War Veteran, specify WAR)	
(If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 297 Winthrop		St. Ward		(If nonresident, give city or town and state)	
(Usual place of abode)					
Length of residence in city or town where death occurred 25 yrs.		mos.		days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married			
5a If married, widowed, or divorced					
HUSBAND of (Give maiden name of wife in full) Ezra Dodge					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 57 Years 5 Months 10 Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home					
10 Date deceased last worked at this occupation (month and year) Jan. 1935 11 Total time (years) spent in this occupation 30					
12 BIRTHPLACE (City) Cochrutuate (State or country) Massachusetts					
13 NAME OF FATHER Benjamin Franklin Bailey					
14 BIRTHPLACE OF FATHER (City) Cochrutuate (State or country) Massachusetts					
15 MAIDEN NAME OF MOTHER Jennie A. Howe					
16 BIRTHPLACE OF MOTHER (City) Maryland (State or country) Virginia					
17 Informant Mrs. Olive B. Ferguson (Address) Cochrutuate Mass.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childers (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/17/35 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan 15 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Jan 8 1935, to Jan 15 1935, 1 last saw her alive on Jan 15 1935, death is said to have occurred on the date stated above, at 7 A. m.					
The principal cause of death and related causes of importance in order of onset were as follows: Pneumonia Date of Onset Jan 5 1935 IMPORTANT					
Contributory causes of importance not related to principal cause:					
Name of operation None Date of What test confirmed diagnosis Chest Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) R. B. Park (Address) Winthrop Mass Date 1/16 1935 M. D.					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)					
DATE OF BURIAL Jan. 17, 1935 19					
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass.					
Received and filed 19 JAN 21 1935 (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

Statement of occupation.—Precise statement of occupation is

To be complete, an occupation return must state:

- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

Discuss carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Example

Date of onset

1015

1021

July 5, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Gen. Laws, Chap. 46, Sec. 9.

medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

or death.—Gen. Laws, Chap. 38, Sec. 7.

Sec. 46, G. L. as amended. Chap. 114,

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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death is needed.

(3) **Mical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including falling, septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents and deaths following abortion, but also deaths from disease resulting from **injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30, No. 7997-c

1 PLACE OF DEATH Suffolk County Wrentham (City or Town) No. Wrentham Theatre: Putnam St., Ward {		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S 19,806 CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent. Registered No. 10	
2 FULL NAME John Henry McAuliffe (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. Wrentham: 48 Jefferson St., Ward,		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Married	(write the word)		
5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 48 Years Months Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Hotel Clerk</i>					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Hotel Clerk</i>					
10 Date deceased last worked at this occupation month and year <i>Jan 19, 1935</i>					
11 Total time (years) spent in this occupation <i>35</i>					
12 BIRTHPLACE (City) (State or country) <i>Choate Mass</i>					
13 NAME OF FATHER <i>John H.</i>					
14 BIRTHPLACE OF FATHER (City) (State or country) <i>Poughkeepsie N.Y.</i>					
15 MAIDEN NAME OF MOTHER <i>Ag. C. O. Connor</i>					
16 BIRTHPLACE OF MOTHER (City) (State or country) <i>Poughkeepsie N.Y.</i>					
Informant (Address) <i>Wife Mrs. E. J. McAuliffe 48 Jefferson St. Wrentham</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.					
(Signature of Agent of Board of Health or other) <i>Corbin Sullivan</i>					
(Official Designation) <i>1/19/35</i> (Date of Issue of Permit) <i>6178</i>					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan 19 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)					
<i>Asphyxiation by Suspension, Suicidal.</i>					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?					
(Signed) <i>James P. Ryan</i> (M.D.) (Address) <i>Wrentham, Suffolk Co.</i> Date <i>Jan 19, 1935</i>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Wrentham</i> (Cemetery) (City or town)					
DATE OF BURIAL <i>Jan 20 1935</i>					
22 NAME OF UNDERTAKER <i>John J. Ryan</i>					
ADDRESS <i>Wrentham</i>					
Received and filed <i>Jan 21 1935</i> 19 (Registrar)					

EXTRACTS
FROM THE LAWS OF THE
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GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH { Suffolk
(County)
Winthrop
(City or Town)
No. 203 Main St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Egbert Allard Oliver
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 203 Main St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Mary Agnes McGunnigle
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 2 Months 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police boat

10 Date deceased last worked at this occupation (month and year) 1931 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Georgetown (State or country) Maine

13 NAME OF FATHER Calvin Oliver

14 BIRTHPLACE OF FATHER (City) Georgetown (State or country) Maine

15 MAIDEN NAME OF MOTHER Frances Garth

16 BIRTHPLACE OF MOTHER (City) Chester (State or country) England

17 Informant Ethel M. Oliver (Address) 1350 Commonwealth Ave. Allston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 1/23/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 22 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes: Probably Angina Pectoris. Date of Onset IMPORTANT Jan 22 1935

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raynaud's Disease (Signed) Wm. S. Childress (Address) Winthrop Board of Health Date Jan 23 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL January 24 1935 19

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed Jan 30 1935 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician any other necessary information which can be furnished for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45 & C. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, C. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Acute iododermatitis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100ms-11-1-30, No. 605-b

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 37 Belcher



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 12

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Herbert Ashton Bosworth
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 37 Belcher St., Ward,
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed or divorced
HUSBAND of Frederica C. Soderen
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 2 Months 18 Days
If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck
10 Date deceased last worked at this occupation (month and year) Dec. 1934
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Newtonville
(State or country) Mass.

13 NAME OF FATHER Noah Fred Bosworth

14 BIRTHPLACE OF FATHER (City) Maine
(State or country)

15 MAIDEN NAME OF MOTHER Arzilla Averill

16 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

17 Informant Wife Frederica Soderen Bosworth
(Address) 37 Belcher St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 1/26/35
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 23 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from Jan 23 1935 to Jan 23 1935.
I last saw him alive on Jan 23 1935, death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Myocarditis

Contributory causes of importance not related to principal cause:

Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) J. H. Soderen, M. D.
(Address) 147 W. Winthrop St., Winthrop Date 1/26/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Jan. 27, 1935 19

22 NAME OF UNDERTAKER R. H. White
ADDRESS 147 W. Winthrop St., Winthrop

Received and filed 19

A TRUE COPY, ATTEST: JAN 30 1935 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is every important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MARGIN RESERVED FOR PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-r

PLACE OF DEATH

1

NORFOLK
(County)

BROOKLINE
(City or Town)

No. TRUMBULL HOSPITAL

2 FULL NAME

JAMES W. GRADY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 18 PLEASANT PARK ROAD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
Male

4 COLOR OR RACE
White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of William F. Henry
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE
36 Years Months Days If less than 1 day Hours Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ass't Manager

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Office

10 Date deceased last worked at this occupation (month and year) 1/35

11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City)
(State or country) Cambridge
Massachusetts

PARENTS

13 NAME OF FATHER
William J. Grady

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER
Unknown Unknown

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant
(Address) Patrick Sloan
#18 Pleasant Park Road--Winthrop

A TRUE COPY.

ATTEST:
(Registrar of city or town where death occurred)

DATE FILED
January/25 19 35

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BROOKLINE
(City or town making return)

Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

Ward

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH
JANUARY 25 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
January 22 1935, to January 25 19 35
I last saw him alive on January 25 19 35, death is said to have occurred on the date stated above, at 10.30am
The principal cause of death and related causes of importance in order of onset were as follows:
Carcinoma of Sigmoid ?
Contributory causes of importance not related to principal cause:
Intestinal Obstruction 1/21/ 1935
Name of operation Caecostomy Date of 1/23/35
What test confirmed diagnosis? Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Herbert H. Howard
(Signed) #270 Com'wealth av Boston Date 1/25 19 35
(Address)
21 PLACE OF BURIAL, CREMATION OR REMOVAL New Calvary - Boston
(Cemetery) (City or town)
DATE OF BURIAL January 28 19 35
22 NAME OF UNDERTAKER William A. Treanor
ADDRESS #559 Saratoga Street, East Boston

Received and filed FEB 11 1935 19
(Registrar of City or Town where deceased resided)



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30, No. 9954.

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1 PLACE OF DEATH	Suffolk	Winthrop (City or Town)		Registered No. 11	
	No. Winthrop Community Hosp. St.,			Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Frank P. Ricci		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 15 Leyden St.,		St.,		Ward, E. Boston	
Length of residence in city or town where death occurred 50 yrs.		mos.		days. How long in U. S., if of foreign birth? 50 yrs.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Male	White	MARRIED WIDOWED or DIVORCED Widower			
6a If married, widowed, or divorced					
HUSBAND of Filomena Fortunati					
(Give maiden name of wife in full)					
(or) WIFE of					
(Husband's name in full)					
6 IF STILLBORN, enter that fact here					
7 AGE 67		If less than 1 day			
Years		Months			
Days		Hours			
Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	Screen tender				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
Pumping Station					
10 Date deceased last worked at this occupation (month and year)					
Jan 1935					
11 Total time (years) spent in this occupation					
45					
12 BIRTHPLACE (City)					
(State or country) Italy					
PARENTS	13 NAME OF FATHER				
	Silvestro Ricci				
	14 BIRTHPLACE OF FATHER (City)				
	Italy				
(State or country)					
15 MAIDEN NAME OF MOTHER					
Unknown					
16 BIRTHPLACE OF MOTHER (City)					
Italy					
(State or country)					
17 Informant Clara R. Gilbride					
(Address) 15 Leyden St., East Boston					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other)					
Health Officer					
(Official Designation)					
(Date of Issue of Permit) 1/28/35					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH January 26, 1935					
(Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from Jan 16, 1935, to Jan 26, 1935					
I last saw him alive on Jan 25, 1935, death is said to have occurred on the date stated above, at 6:30 P.M.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Intestinal Obstruction					
Date of Onset 1/24/35					
Contributory causes of importance not related to principal cause:					
Cancer of Intestines and Omentum.					
Date of Onset 1/24/35					
Name of operation Exploratory Lap.					
Date of 1/24/35					
What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? he					
If so, specify					
(Signed) George H. Schwartz					
(Address) 19 Princeton St. Date 1/26 1935					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston					
(Cemetery) (City or town)					
DATE OF BURIAL January 29, 1935					
19					
22 NAME OF UNDERTAKER Michael J. Porella					
ADDRESS 10 North Bennet St., Boston					
Received and filed JAN 30 1935					
19					
(Registrar)					

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1 PLACE OF DEATH

Suffolk County
Dorchester
No. 65 Cottage Park Rd. St. Ward



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2378

2 FULL NAME

Joseph F. Garvey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

15

(a) Residence. No.

65 Cottage Park Rd.

Ward

Length of residence in city or town where death occurred

10 yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED
Married

5a If married, widowed, or divorced

HUSBAND of

Mary L. Cummings

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

57

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Acclaimed

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Fernie

10 Date deceased last worked at this occupation (month and year)

Jan 1935

11 Total time (years) spent in this occupation

40

PARENTS

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass

13 NAME OF FATHER

Owen Garvey

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Mary A. Keown

16 BIRTHPLACE OF MOTHER (City)

Canada

(State or country)

17

Informant (Address)

Mrs Mary Garvey
65 Cottage Park Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Guldress

Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

1/29/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January 27 - 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

January 24, 1935, to Jan 27, 1935

I last saw him alive on Jan. 24, 1935, death is said

to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage

Date of Onset

IMPORTANT

Jan 24

1935

Contributory causes of importance not related to principal cause:

Arterio-sclerosis

1934

Name of operation

X

Date of

What test confirmed diagnosis?

Autopsy

Was there an autopsy?

no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Mary L. Cummings

(Address)

726 Seaville

Date

Jan 29, 1935

M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Dorchester, Dorchester

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 30

1935

22 NAME OF UNDERTAKER

P. C. Kirby

ADDRESS

East Boston

Received and filed

Jan 29 1935

19

(Registrar)

Revised United States standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exurne a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, or from the clerk of the town where the body or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for as hereinafter provided, his certificate cannot be obtained early enough to permit, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal. Provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other or to the manner or cause of the death, obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.* He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) Attending physicians will certify to such deaths only as those of persons from whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) Board of health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
(3) Medical Examiners will investigate and certify to all deaths

supposable due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term *laborer*. Do not use the word "mechanic" but give the exact occupation, as *car painter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10m-9-33. No. 9321-a

1

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)
No. Community Hospital St. Ward {
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME

Lillie M. Chandler
(If deceased is married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 68 Greenwood St. E. Boston, ma
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred 38 yrs. 8 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

To be filed for burial permit with Board of Health or its Agent.

16

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

Female

White

Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Harold R. Chandler
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE

38

Years

8

Months

18

Days

If less than 1 day

Hours

Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17

Informant

Harold R. Chandler
(Address) 68 Greenwood St. E. Boston

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January 27, 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1935, to Jan 27, 1935

last saw him alive on Jan 27, 1935, death is said to have occurred on the date stated above, at 10:24 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Senhal Embolism

Date of Onset

IMPORTANT

1/27/35

Contributory causes of importance not related to principal cause:

Phonic Mitralis Endocarditis

1/1/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George F. Schwartz, M. D.

(Address) 19 Emerald St. Date 1-27-1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery
(Cemetery) (City or town)

DATE OF BURIAL

January 30, 1935

22 NAME OF UNDERTAKER

Frank E. Brown

ADDRESS

East Boston

Received and filed

JAN 30 1935

19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
1/29/35
(Date of Issue of Permit)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9. No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 81 Main

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME

Sigrid Alma Fahlander Johnson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 81 Main

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

To be filed for burial permit with Board of Health or its Agent.

Registered No. 17

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED Single

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 14 Years 8 Months 27 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10 Date deceased last worked at this occupation (month and year) June 1935

11 Total time (years) spent in this occupation 8

12 BIRTHPLACE (City) Winthrop

(State or country) Massachusetts

13 NAME OF FATHER Charles William Johnson

14 BIRTHPLACE OF FATHER (City) Sweden

(State or country)

15 MAIDEN NAME OF MOTHER Nana Fahlander

16 BIRTHPLACE OF MOTHER (City) Sweden

(State or country)

17 Informant Charles W. Johnson

(Address) 81 Main St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) Health Officer
(Official Designation) (Date of Issue of Permit) 1/31/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 30 1935

(Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from January 2, 1935, to Jan 30, 1935.

I last saw him alive on Jan 29, 1935, death is said to have occurred on the date stated above, at 5:30 AM

The principal cause of death and related causes of importance in order of onset were as follows:
Adhesive Pericarditis July 1934

Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause:
none

Name of operation none Date of What test confirmed diagnosis? none Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) S. O. P. M. D. (Address) Date 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery) (City or town)

DATE OF BURIAL February 3, 1935

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass.

Received and filed 19 FEB 2 1935 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Acute tonsillitis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter obtain for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 6, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 40, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH { Suffolk (County)
Winthrop (City or Town)
No. 143 Revere Street St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 18

2 FULL NAME Julia E. (Haley) Seaver
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 143 Revere Street St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Christopher H. Seaver (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) 1929 11 Total time (years) spent in this occupation 32

12 BIRTHPLACE (City) Charlestown (State or country) Massachusetts

13 NAME OF FATHER John Haley

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER O'Connor

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Albert E. Seaver (Address) 143 Revere St. Winthrop

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 31, 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept. 3, 1934, to Jan. 31, 1935

I last saw her alive on Jan. 31, 1935, death is said to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

General Atherosclerosis with Hypertension Chronic Myocarditis Date of Onset 1933

Contributory causes of importance not related to principal cause: Pulmonary Edema Jan. 30, 1935

Name of operation None Date of What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No. If so, specify Samuel B. Goldberg, M. D. (Signed) 270 Shirley St. Date 2/1/1935 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn, Everett (Cemetery) (City or town)

DATE OF BURIAL Feb 4 1935 19

22 NAME OF UNDERTAKER John F. Sealey ADDRESS Winthrop, Massachusetts

Received and filed FEB 5 1935 19 (Registrar)

A TRUE COPY, ATTEST:

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Goldberg (Signature of Agent of Board of Health or other)

Health Officer 3/4/35 (Official Designation) (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 3.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes, of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

25m-2-30. No. 7997-e

1

PLACE OF DEATH

Middlesex
(County)

Everett
(City or Town)

No. At Everett Elevated Station St., Ward {

2

FULL NAME

John V. Murray
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 183 Cottage Park Road St., Ward,
(Usual place of abode) Winthrop

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? 70 yrs. mos. days.

3

SEX

Male

4

COLOR OR RACE

White

5

SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)
Married

5a

If married, widowed, or divorced

HUSBAND of Clara Lane
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6

IF STILLBORN, enter that fact here.

7

AGE

75

Years

5

Months

12

Days

If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Opera Singer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Opera
10 Date deceased last worked at this occupation (month and year)
January 1935
11 Total time (years) spent in this occupation
55

12

BIRTHPLACE (City)
(State or country)

Liverpool
England

PARENTS

13 NAME OF FATHER
Thomas Murray
14 BIRTHPLACE OF FATHER (City)
(State or country)
Ireland
15 MAIDEN NAME OF MOTHER
Mary Ann Stinup
16 BIRTHPLACE OF MOTHER (City)
(State or country)
Warrington
England

17

Informant
(Address)

Mae Murray (Winthrop)
183 Cottage Park Road

A TRUE COPY.

ATTEST: Nettie L. Pickering
(Registrar of city or town where death occurred)
DATE FILED Executive Sec. Feb. 1-35

EVERETT

(City or town making return)
Registered No. 573- 64
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(If U. S. War Veteran, specify WAR) 19
(If nonresident, give city or town and state)
PERSONAL AND STATISTICAL PARTICULARS
MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH January 30th 1935
(Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
Sudden death
Heart disease
probable Coronary Occlusion
20 If death was due to external causes (VIOLENCE) fill in the following:
Accident,
Suicide or
Homicide?
Date of injury 19
Where did injury occur?
(City or town and State)
Manner of Injury
Nature of Injury
21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Paul Reardon
(Address) Somerville, Mass. Date 1/30/1935 M.D.
22 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Feb. 2 1935 19
23 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop, Massachusetts
Received and filed 2-1-35 19
John J. Carroll
Asst. City Clerk
(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 23

PLACE OF DEATH
 1 **Suffolk** (County)
Worcester (City or Town)
 No. **70 Almont St.** St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **James Gaddis**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **70 Almont St.** St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **20** yrs. mos. days. **How long in U. S., if of foreign birth?** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED		18 DATE OF DEATH Feb. 2, 1935 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of Annie J. Jennings (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)				19 I HEREBY CERTIFY That I attended deceased from August , 19 31 , to Feb. 2 , 19 35 I last saw him alive on Feb. 2 , 19 35 , death is said to have occurred on the date stated above, at 7:25 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Aneurysm of descending aorta Cardiac hypertrophy & dilatation Aortic insufficiency chronic interstitial nephritis Contributory causes of importance not related to principal cause: Tertiary syphilis	
6 IF STILLBORN, enter that fact here.				Date of Onset IMPORTANT 1931	
7 AGE 69 Years Months Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Porter					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & N. R.R.					
10 Date deceased last worked at this occupation (month and year) Dec 20/34				11 Total time (years) spent in this occupation 30 yrs	
12 BIRTHPLACE (City) (State or country) Ireland					
13 NAME OF FATHER William D. Gaddis					
14 BIRTHPLACE OF FATHER (City) (State or country) " " "					
15 MAIDEN NAME OF MOTHER " " "					
16 BIRTHPLACE OF MOTHER (City) (State or country) " " "					
17 Informant (Address) William J. Gaddis 70 Almont St.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 2/5/35 (Date of Issue of Permit)					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Worcester (City or town) DATE OF BURIAL Feb 5 1935					
22 NAME OF UNDERTAKER C. R. Benson ADDRESS Worcester					
Received and filed FEB 5 1935 19 (Registrar)					

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

Gen. Laws Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectil, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectil shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though died without recent medical attendance related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997

1

PLACE OF DEATH

Worcester
(County)

Rutland
(City or Town)

No. Veterans' Administration Facility

St.,

Ward {

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Rutland
(City or town making return)

Registered No. 22

21

2 FULL NAME Joseph Thomas O'Keefe
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 59 Quincy Ave.
(Usual place of abode)

St., Ward, Winthrop, Mass.
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 2 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Single
(write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 39 Years 2 Months 28 Days
If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston,
(State or country) Mass.

13 NAME OF FATHER Thomas O'Keefe

14 BIRTHPLACE OF FATHER (City) Grafton,
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Jennie Ryan

16 BIRTHPLACE OF MOTHER (City) Pictou,
(State or country) Nova Scotia

17 Informant Hospital Records
(Address)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 3, 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 1, 1935, to February 3, 1935, in February 3, 1935.
I last saw him alive on February 3, 1935, death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Tuberculosis of the lungs Unknown
Tuberculous Enteritis Unknown
Pneumonia
Contributory causes of importance not related to principal cause:
Pericarditis Unknown
Hypertrophy of the Heart Unknown
Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D.J. Boland, Officer of the Day,
VAP (Address) Rutland Hts. Mass. Date 2/3 19 35
21 PLACE OF BURIAL, Holyhood, Brookline, Mass
CREMATION OR REMOVAL (Cemetery) (City or town)
DATE OF BURIAL February 6, 1935 19
22 NAME OF UNDERTAKER Frank H. Miles Co.
ADDRESS Jefferson, Mass.
Received and filed 19
MAR 2 1935
(Registrar of City or Town where deceased resided)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

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....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

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Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupant had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *relatives*, *merchants*, and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions. If any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Children's Hospital

-St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Helen

Sagan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

85 Sagamore Ave

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

11

Years

Months

21

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Boston

13 NAME OF FATHER

Morris Sagan

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Lillian Lourie

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston

17

Informant (Address)

Father

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb

8

1935

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1299

(If U. S. War Veteran, specify WAR)

23

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb

5

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb

2

1935

to Feb

5

1935

I last saw him/her alive on Feb 5, 1935, death is said

to have occurred on the date stated above, at 6:52 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

streptococcus peritonitis

1/31/35

strept septicemia

1/31/35

broncho pneumonia secondary

Contributory causes of importance not related to principal cause:

erysipelas facialis

1/16/35

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

A. H. Hurd

M. D.

(Address)

Boston

Date 2/5/1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

Feb

6

1935

22 NAME OF UNDERTAKER

M. Stanetsky

ADDRESS

Boston

Received and filed

MAR 9 1935

1935

(Registrar of City or Town where deceased resided)

PLACE OF DEATH
1

SUFFOLK

(County)

BOSTON

(City or Town)

No. Boston City Hospital

--St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James H

Crowley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

21

(a) Residence. No.

19 George

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Eva L Stockwell

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

47

Years

1

Months

2

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

associate Physical

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Dir-Public Schools

10 Date deceased last worked at this occupation (month and year)

Feb 1 1935

11 Total time (years) spent in this occupation

27

12 BIRTHPLACE (City)

(State or country)

Boston

13 NAME OF FATHER

Patrick Crowley

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary O'Connor

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Wife

A TRUE COPY.

ATTEST:

Kidd Sedstrom Quirk
(Registrar of city or town where death occurred)

DATE FILED

Feb 12

19

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1441

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward {

(If U. S. War Veteran, specify WAR)

21

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb

7

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Shock-multiple injuries including fractured pelvis, femur and ribs, suicidal. Jumped from hospital window during temporary insanity.

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,
Suicide or
Homicide?

Date of injury 19

Where did injury occur?

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T Leary

M. D.

(Address)

Boston

Date 2/8/ 1935

22 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

Feb

10

19

23 NAME OF UNDERTAKER

M J Kelly

ADDRESS

E Boston

Received and filed

19

MAR 9 1935

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

3/10/35

To be filed for burial permit
with Board of Health
or its Agent.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

1 PLACE OF DEATH { *Suffolk* (County)
Dorchester (City or Town)
No. *Winter Community Hosp* St. *1* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Harriet M. Cue* (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. *131 Falcon* St. *1* Ward *East Boston Mass* (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *4* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)

5a If married, widowed, or divorced HUSBAND of *Samuel M. Cue* (Give maiden name of wife if full) (or) WIFE of *Samuel M. Cue* (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *30* Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper.*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home.*
10 Date deceased last worked at this occupation (month and year) *2-35* 11 Total time (years) spent in this occupation *3*

12 BIRTHPLACE (City) *England* (State or country)

13 NAME OF FATHER *John Devine*
14 BIRTHPLACE OF FATHER (City) *England* (State or country)

15 MAIDEN NAME OF MOTHER *Harriet Plant*
16 BIRTHPLACE OF MOTHER (City) *England* (State or country)

17 *Mrs. Mary Olson* (Sister)
Informant (Address) *131 Falcon St. E. D.*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *February 9, 1935* (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from *Feb. 1* 19*35* to *Feb. 9* 19*35*
I last saw him alive on *Feb. 9* 19*35*, death is said to have occurred on the date stated above, at *3 P.* m.
The principal cause of death and related causes of importance in order of onset were as follows:

Bronchu - Pneumonia Date of Onset *2/6/35*
Colitis *1/29/35*

Contributory causes of importance not related to principal cause:

Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *Sing. H. Schwartz* M. D.
(Signed) *19 Princeton St.* Date *2/9* 19*35*
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Mary Cem. New Bedford* (Cemetery) (City or town) *Mass*

DATE OF BURIAL *2-12* 19*35*

22 NAME OF UNDERTAKER *William A. Treavor*
ADDRESS *359 Saratoga St. E. D.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *3/10/35* (Date of Issue of Permit)

Received and filed *FEB 11 1935* 19
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, internally, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six that deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician any other necessary information which can be furnished for registration certifying the cause of death shall thereafter be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 43, G. L., as amended by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of *own housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S 19
CERTIFICATE OF DEATH

*To be filed for burial
permit with Board of
Health or its Agent.*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

1 } PLACE OF DEATH
Suffolk
(County)
Wiltthrop
(City or Town)
No. 455 Shelden

2 FULL NAME Margaret Christina Bell-Tracey.

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. Whitcomb 355 Shirley St., _____ Ward
(Usual place of abode)

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred	yrs.	mos.	days.	How long in U. S., if of foreign birth?	yrs.	mos.	days.
--	------	------	-------	---	------	------	-------

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed	(write the word)
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5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John Bell
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 33 Years Months Days If less than 1 day Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Solicitor
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Laundry
	10 Date deceased last worked at this occupation (month and year)	Feb. 1934
	11 Total time (years) spent in this occupation	10

12 BIRTHPLACE (City)
(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

15 MAIDEN NAME
OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

17

Informant
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D. Childers
(Signature of Agent of Board of Health or other)
H.D. Feb - 12/35
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 9 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Poisoning by illuminating
gas (carbon monoxide) &
bricardol.

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN
WAS INJURY SUSTAINED

(Signed) George Benjamin Thompson, M. D.
(Address) 12120 N. 19th St. S. Seattle, WA 98148 Date 10-16 1995

21 PLACE OF BURIAL, CREMATION OR REMOVAL Knuthrop Knuthrop
(Cemetery) (City or town)

DATE OF BURIAL February 13 1935

23 NAME OF UNDERTAKER Charles R. Simmons
ADDRESS Northampton

Received and filed.....19.....

FEB 19 1955

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-A

Suffolk
(County)

Winthrop
(City or Town)

1 Sargent Terrace St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Edna Polson Woods
(If deceased is a married, widowed or divorced woman, give also maiden name.)

1 Sargent Terrace St. Ward, (If nonresident, give city or town and state)

2 FULL NAME

1 Sargent Terrace St. Ward, (If nonresident, give city or town and state)

18 DATE OF DEATH Feb 10 1935
(Month) (Day) (Year)

3 SEX female **4 COLOR OR RACE** white **5 SINGLE** MARRIED **WIDOWED** or **DIVORCED** Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Fred L. Woods** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years 5 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Quincy Mass (State or country)

13 NAME OF FATHER Richard Polson

14 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)

15 MAIDEN NAME OF MOTHER Susan Clark

16 BIRTHPLACE OF MOTHER (City) Boston Mass (State or country)

17 Informant Chester L. McClintock Nephew (Address) 1 Sargent Terrace

PERSONAL AND STATISTICAL PARTICULARS

18 DATE OF DEATH Feb 10 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 9 1935, to Feb 10 1935

I last saw him alive on Feb 10 1935, death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Central Hemorrhage Feb 9 1935

Contributory causes of importance not related to principal cause:

Hypertension 1930

Chronic myocarditis 1920

Name of operation None **Date of**

What test confirmed diagnosis Autopsy **Was there an autopsy?** No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker, M. D.
(Signed) (Address) (City) (State) (Country) Date Feb 10 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove Boston (City or town)
(Cemetery)

DATE OF BURIAL Feb 12 1935

22 NAME OF UNDERTAKER J. J. Latham & Son Boston

ADDRESS

Received and filed 19

(Signature of Agent of Board of Health or other) Wm. S. Childers

(Official Designation) Health Officer

(Date of Issue of Permit) 9/11/35

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 45, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Acts of 1931, as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 45, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including smothering, septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS			
		STANDARD CERTIFICATE OF DEATH		Registered No. 33	
1	PLACE OF DEATH	Suffolk (County)			
		Winthrop (City or Town)			
		No. 63 Loring Road.		St.,	Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME		Georgia N. Drury (Black)		(If U. S. War Veteran, specify WAR)	
		(If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No.		63 Loring Road		St.,	Ward,
		(Usual place of abode)		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		10 yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED			
Female	White	Married			
5a If married, widowed, or divorced					
HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of Adelbert N. Drury (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	57	Years	4	Months	0 Days
		If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home				
	10 Date deceased last worked at this occupation (month and year) December 1934 11 Total time (years) spent in this occupation 30				
12 BIRTHPLACE (City) Highland Falls, N.Y. (State or country)					
PARENTS	13 NAME OF FATHER Austin Black				
	14 BIRTHPLACE OF FATHER (City) Searsport, Me. (State or country)				
	15 MAIDEN NAME OF MOTHER Zelia R. Stevens				
	16 BIRTHPLACE OF MOTHER (City) Searsport, Me. (State or country)				
17 Informant Dr. Adelbert N. Drury (Address) 63 Loring Rd. Winthrop, Mass					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other Health Officer) 2/11/35 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH February 10 th 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from September 1934 to February 10 th 1935. I last saw her alive on February 8 th , 1935, death is said to have occurred on the date stated above, at 7 A. m.					
The principal cause of death and related causes of importance in order of onset were as follows: Impaction Cardiac Hypertrophy & Dilatation Hypertension Date of onset 2 yrs. 3 years 5 yrs.					
Contributory causes of importance not related to principal cause: Pneumal Dropsy 2 mos.					
Name of operation home Date of					
What test confirmed diagnosis? Clinical Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) George S. Badger M. D. (Address) 435 Walbrook St Date Feb. 10-1935					
21 PLACE OF BURIAL XXXX Mt. Auburn, Cambridge CREMATION OR REMOVAL (Cemetery) (City or town)					
DATE OF BURIAL February 12, 1935 19					
22 NAME OF UNDERTAKER Albert J. Walton ADDRESS Melrose, Mass.					
Received and filed FEB 11 1935 19 (Registrar)					

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45 G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness of persons whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

Suffolk (County)		Chelsea (City or town making return)	
1 PLACE OF DEATH Chelsea (City or Town) No. U. S. Naval Hospital		STANDARD CERTIFICATE OF DEATH	
2 FULL NAME Frederick Andrew Smith (If deceased is a married, widowed or divorced woman, give also maiden name.)		Registered No. 70 (If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. 27 Seaview Ave. (Usual place of abode)		St., Ward { (If U. S. War Veteran, specify WAR) World	
Length of residence in city or town where death occurred		yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married	
5a If married, widowed, or divorced HUSBAND of Annie Howard Blish (Give maiden name of wife in full)			
(or) WIFE of (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE 56 Years Months Days		If less than 1 day Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Lieut. (RET) USN	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		U. S. Navy	
10 Date deceased last worked at this occupation (month and year) Aug. 1930		11 Total time (years) spent in this occupation 21	
12 BIRTHPLACE (City) Hyde Park, (State or country) Mass.			
13 NAME OF FATHER William M. Smith			
14 BIRTHPLACE OF FATHER (City) East Boston, (State or country) Mass.			
15 MAIDEN NAME OF MOTHER Eliza M. Cosgrove			
16 BIRTHPLACE OF MOTHER (City) St. Johns, (State or country) New Brunswick			
17 Informant Annie H. Smith (Wife) (Address) 27 View St., Winthrop, Mass.			
A TRUE COPY. Richard G. Fiske			
ATTEST: (Registrar of city or town where death occurred)			
DATE FILED Feb. 11, 1935			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH February 10, 1935 (Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from September 13, 1934, to February 10, 1935 I last saw him alive on Feb. 10, 1935, death is said to have occurred on the date stated above, at 12.25 P.M. The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma, head of Pancreas Sept. 1933 Contributory causes of importance not related to principal cause: Malnutrition and Inanition Nov 1934 Cholecystogastrostomy Name of operation Date of What test confirmed diagnosis? autopsy Was there an autopsy yes			
20 Was disease or injury in any way related to occupation of deceased? If so, specify D. Ferguson, Lt. Comdr (MC) USN (Signed) (Address) Naval Hosp. Chelsea Date 2/11 1935			
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or town) DATE OF BURIAL Feb. 14, 1935			
22 NAME OF UNDERTAKER John Bryant Sons ADDRESS Charlestown, Mass.			
Received and filed FEB 21 1935 19 (Registrar of City or Town where deceased resided)			

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Suffolk
(County)

Winthrop
(City or Town)

No. **405 Revere** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 30

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

2 FULL NAME **Rebecca Rodgers Smith**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) **Residence. No. 405 Revere** St., Ward,
(Usual place of abode)

Length of residence in city or town where death occurred **25** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** **4 COLOR OR RACE** **White** **5 SINGLE MARRIED WIDOWED or DIVORCED** **Widowed** (write the word)

6a If married, widowed, or divorced ********
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of **Warren Smith** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 App, 81 AGE **Years** **Months** **Days** **Hours** **Minutes** **If less than 1 day**

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housekeeper**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Home**

10 Date deceased last worked at this occupation (month and year) **11 Total time (years) spent in this occupation**

12 BIRTHPLACE (City) **Richmond**
(State or country) **Va.**

13 NAME OF FATHER **Not Known**

14 BIRTHPLACE OF FATHER (City) **Not Known**
(State or country)

15 MAIDEN NAME OF MOTHER **Millie Rodgers**

16 BIRTHPLACE OF MOTHER (City) **Va.**
(State or country)

17 Son William Smith
Informant (Address) **405 Revere St., Winthrop, Mass.**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 11 1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **Jan 3 1935** to **Jan 11 1935**
I last saw him alive on **Jan 11 p.m.** 19**35** death is said to have occurred on the date stated above, at **3 p.m.**
The principal cause of death and related causes of importance in order of onset were as follows:
Pneumonia **2/8** **Date of Onset IMPORTANT**

Contributory causes of importance not related to principal cause:
Arteriosclerosis **(1935)**

Name of operation.....Date of.....
What test confirmed diagnosis?.....Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?.....
If so, specify **Emphysema**
(Signed) **W. H. Vincent** M. D.
(Address) **25 Vincent** Date **2/13 1935**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop** **Winthrop**
(Cemetery) (City or town)
DATE OF BURIAL **February 14, 1935**

22 NAME OF UNDERTAKER **Richard H. White**
ADDRESS **147 Winthrop St. Winthrop, Mass.,**

Received and filed.....19.....

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guitierrez
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
2/13/35 (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit and certificate, shall forthwith certify it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall file the recital furnished for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of his death, within the clerk or registrar may require. *Chap. 414, Acts of 1931, as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33, No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **31**

1 PLACE OF DEATH

Suffolk
 (County)
Winthrop
 (City or Town)
 No. **149 Locust St** St., **Ward**

(If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME **Mary Agnes Baker (Smith)**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. **149 Locust** St., **Ward**
 (Usual place of abode)

Length of residence in city or town where death occurred **20** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE **MARRIED** (write the word)
WIDOWED **Widowed**
 or **DIVORCED**

5a If married, widowed, or divorced
 HUSBAND of **Charles H. Baker Jr**
 (Give maiden name of wife in full)
 (or) WIFE of **Charles H. Baker Jr**
 (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **75** Years **11** Months **11** Days If less than 1 day
 Hours **30** Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Fore lady**
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Office**
 10 Date deceased last worked at this occupation (month and year) **June 1931** 11 Total time (years) spent in this occupation **30**

12 BIRTHPLACE (City) **Nashua**
 (State or country) **New Hampshire**

13 NAME OF FATHER **Jerome Smith**

14 BIRTHPLACE OF FATHER (City) **Londonderry**
 (State or country) **Vermont**

15 MAIDEN NAME OF MOTHER **Manda Rowell**

16 BIRTHPLACE OF MOTHER (City) **Hardwick**
 (State or country) **Vermont**

17 Informant **Clara H. Smith**
 (Address) **149 Locust St Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
 (Signature of Agent of Board of Health or other)
Feb. 13/35
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Feb 11 1935**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Aug 1 1932**, to **Feb 11 1935**,
 I last saw her alive on **Feb 11 1935**, death is said to have occurred on the date stated above, at **4:30 P** m.
 The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Lung **May 1 1932**
 Date of Onset
IMPORTANT

Name of operation **no** Date of **no**
 What test confirmed diagnosis? **Lab. exam** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **no**
 (Signed) **R. B. Parker** M. D.
 (Address) **Winthrop Mass** Date **Feb 12 1935**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**
 (Cemetery) (City or town)
 DATE OF BURIAL **Feb. 13, 1935**

22 NAME OF UNDERTAKER **Charles R. Bennison**
 ADDRESS **Winthrop Mass**

Received and filed **19**
FEB 19 1935 (Registrar)

GOVERNING THE

A physician or registered hospital medical officer shall forthwith attend the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Idem Chap. 46, Sec. 9.

only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the field in which they are engaged, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *vital merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or combination of diseases, which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or cause therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, obtained as the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify as to deaths caused supposably due directly by traumatic (including testing septimia), thermal, or electrical agents, the action of chemical (drugs or poisons), or infectious agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. 74 Fenwood Rd

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 1537

BOSTON

(City or town making return)

2 FULL NAME

Albert

Jackson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

483 Shirley

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Margaret McLean

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

59

Years 2

Months 25

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

bookkeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Brighton Mass

13 NAME OF FATHER

Nathaniel Jackson

14 BIRTHPLACE OF FATHER (City)

(State or country)

New Jersey

15 MAIDEN NAME OF MOTHER

Nancy Griggs

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Allston Mass

17

Informant (Address)

Hospital records

A TRUE COPY.

Hilda Hedstrom Quirk

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb

14

19 35

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 1537

BOSTON

(City or town making return)

2 FULL NAME

Albert

Jackson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

483 Shirley

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb

12

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 10

19 35, to

Feb. 12

19 35

I last saw him alive on Feb. 12, 19 35 death is said

to have occurred on the date stated above, at 6.20 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

pulmonary tuberculosis
(old; date of origin unknown)

Date of onset

Contributory causes of importance not related to principal cause:

acute enteritis
enterocolitis
peptic ulcer

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

G. B. Pearson

M. D.

(Address)

Boston

Date 2/12/19 35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Feb

21

19 35

22 NAME OF UNDERTAKER

C. R. Bannison

ADDRESS

Winthrop

Received and filed

MAR 12 1935

19 35

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 911 Shirley St.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 33

2 FULL NAME John D. Moriarty

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 911 Shirley St.

St.,

Ward, Brunswick Me.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

7

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of Jenny U. Stanich

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

72

Years

Months

Days

If less than 1 day

Hours

Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Farm

10 Date deceased last worked at this occupation (month and year)

Feb 1935

11 Total time (years) spent in this occupation

17

12 BIRTHPLACE (City)

(State or country)

Austria Hungary

13 NAME OF FATHER

Dominic

14 BIRTHPLACE OF FATHER (City)

(State or country)

Austria Hungary

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Austria Hungary

17

Informant (Address)

Dominic B. Moriarty

11 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 33

Ward {

(If U. S.

War Veteran,

specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb.

13

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Feb 11

1935

to Feb 13

1935

I last saw him alive on Feb 13 1935 death is said

to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

hypertension
Endocarditis

Contributory causes of importance not related to principal cause:

Artificial Stomach

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date 2/17 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Arlington

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 1 1935

19

22 NAME OF UNDERTAKER

ADDRESS Winthrop Massachusetts

Received and filed

FEB 19 1935

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectify, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectify shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupational disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *precision engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *viat merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 34

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 5 Charles Street St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard H. Joyce

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 5 Charles Street St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telegraph Operator 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Lewiston (State or country) Maine

13 NAME OF FATHER John Joyce

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary J. Sullivan

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Miss J. Frances Joyce (Address) 5 Charles St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/15/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 14- 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from January 1, 1935, to February 14, 1935. I last saw him alive on February 14, 1935, death is said

to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Broncho Pneumonia Feb. 4-1935

Contributory causes of importance not related to principal cause:

Chronic Nephritis ?

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Edward J. Franzen M. D. (Signed) 200 Washington Ave Date Feb. 14, 1935 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Lewiston (Cemetery) (City or town)

DATE OF BURIAL Feb. 16 1935 19

22 NAME OF UNDERTAKER Joseph H. Maki ADDRESS Winthrop Massachusetts

Received and filed Feb 19 1935 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from an grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously inferred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or causes of his death, which the clerk or registrar may require. — *Chap. 114, Sec. 45 Gen. Laws, as amended by Chap. 48, Acts of 1927 and Chap. 143, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance, or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resuscitation), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection related to occupation**, the sudden deaths of **persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of *own housewife*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

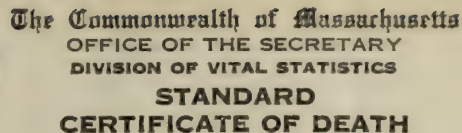
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

35

(If U. S.
War Veteran,
specify WAR)

No. 5 Vine Ave

St.....Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

JAMES JOSEPH MURRAY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 5 Nine Two

(Usual place of abode)

St.,.....Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

5a If married, widowed, or divorced
HUSBAND of Mary E. Cooper
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7
AGE 60 Years 9 Months 50 Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store

10 Date deceased last worked at this occupation (month and year) Jan 1955

11 Total time (years) spent in this occupation 1

12 BIRTHPLACE (City).....
(State or country) Ireland

13 NAME OF FATHER Daniel Murray

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME
OF MOTHER Catherine Brickard

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Mr. Harry J. Munnay, wife
(Address) 3 Win. Ave. 60

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 2/1/20
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH.....
 (Month) (Day) (Year)

19 Jan 29 I HEREBY CERTIFY That I attended deceased from 1915 to Feb 17, 1935

Last saw h. alive on..... Feb 17, 1945, death is said
to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of liver

Contributory causes of importance not related to principal cause:

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....
(Signed) J. C. Buchanan M. D.
(Address) 4 Court Street Date 2/15 19 33

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Winthrop,
(Cemetery) (City or town)

DATE OF BURIAL..... 19

22 NAME OF UNDERTAKER Richard C. Kirk

ADDRESS 2000 E. 12th St. - Tulsa, Okla.

Received and filed..... FFR 12 1935..... 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *springer*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if they related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
Contributory causes of importance not related to principal cause:	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The physician to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require. *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1921.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1 PLACE OF DEATH

Suffolk
Winthrop
(City or Town)

No. 77 Bartlett Road St. Ward {

2 FULL NAME

Horace Elwood Bragdon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 77 Bartlett Rd. St. Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Mabel Dillaway (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years 6 Months 2 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medical Doctor

10 Date deceased last worked at this occupation (month and year) 1930 11 Total time (years) spent in this occupation 43

12 BIRTHPLACE (City) East Boston (State or country) Mass.

13 NAME OF FATHER Byron F. Bragdon

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Angie Elwood

16 BIRTHPLACE OF MOTHER (City) Lubec. (State or country) Maine

17 Informant Mrs. Mabel D. Bragdon (Address) 77 Bartlett Rd., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. D. Childers (Signature of Agent of Board of Health or other)

Health officer (Official Designation) 2/19/35 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 88

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2 17 35 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1932 to Feb 17, 1935

I last saw him alive on Feb 17, 1935, death is said

to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis

Contributory causes of importance not related to principal cause:

Insulin Antism Sclerosis 3 yrs

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) H. A. M. D. (Address) Date 2/18/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Newton Newton (Cemetery) (City or town)

DATE OF BURIAL February 20 19 35

22 NAME OF UNDERTAKER W. J. Kelly ADDRESS 11 Meridian St., E. 16

Received and filed FEB 20 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for substantial reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit of the board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 6, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not regularly employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise "element" of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WHITE FLAINT, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

1 PLACE OF DEATH

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

(If U. S. War Veteran, specify WAR)

2 FULL NAME Mary A. Post

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 29 Chester Avenue

(Usual place of abode)

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of John A. Post (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Jeremiah Abbott

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Bidner Martin

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

17 Informant Town of Winthrop Welfare Record (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 3/19/35 (Date of Issue of Permit)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Winthrop

(City or town making return)

37

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 18 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934 to Feb 18, 1935

I last saw him alive on Feb 18, 1935, death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

arteriosclerosis 1925
chronic myocarditis 1931

Contributory causes of importance not related to principal cause:

Name of operation None Date of operation None Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: Syphilis, rectal cancer, M. D. (Address) Canton, Mass Date 3/19/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Kensico Mt. Pleasant, N.Y. (Cemetery) (City or town)

DATE OF BURIAL February 20, 1935 19

22 NAME OF UNDERTAKER Richard H. White ADDRESS 147 Winthrop St. Winthrop, Mass

Received and filed 19

FEB 26 1935

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or its employee, if or by the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or at *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sock factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *tailor*, *merchant*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Acute osteoarthritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 28
Township Winthrop or Village _____ or
City _____ No. Station Hospital, Fort Banks St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME James Edward Clark

(a) Residence: No. 14 Draper St. 15 Ward. Dorchester, Massachusetts
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) July 6, 1918

7. AGE Years 16 Months 7 Days 13 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (CCC)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 105th Co., CCC, Bourne, Massachusetts
10. Date deceased last worked at this occupation (month and year) Feb. 15, 1935 11. Total time (years) spent in this occupation 1/12

12. BIRTHPLACE (city or town) Boston, Massachusetts (State or country)

13. NAME Walter Francis Clark

14. BIRTHPLACE (city or town) South Boston, Massachusetts (State or country)

15. MAIDEN NAME Mary Francis Clark

16. BIRTHPLACE (city or town) South Boston, Massachusetts (State or country)

17. INFORMANT Mary Francis Clark (Address) 14 Draper St., Dorchester, Mass.

18. BURIAL, CREMATION, OR REMOVAL Place Buried at - Dedham Date Feb. 22, 1935

19. UNDERTAKER John C. Murphy (Address) 2 King St. Dor

20. FILED _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1935 to February 19, 1935

I last saw him alive on February 19, 1935; death is said to have occurred on the date stated above, at 9:12 a.m.

The principal cause of death and related causes of importance were as follows:

Appendicitis, acute, gangrenous Date of onset 1935 Feb. 15

Other contributory causes of importance:

Peritonitis, generalized 1935 Feb. 17

Name of operation Appendectomy Date of Feb. 18/35

What test confirmed diagnosis Operation Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify Charles L. Gandy, Lt. 601 MC, USA

(Signed) _____ (Address) Fort Banks, Mass., Feb. 19, 1935.

Wm D Childress Health Officer Feb 21 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
Township Ninthrop or Village _____ or
City _____ No. Station Hospital, Port Banks St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James Edward Clark

(a) Residence: No. 14 Draper St. 15 Ward. Dorchester, Massachusetts
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Single</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 6, 1918</u>		
7. AGE Years <u>16</u>	Months <u>7</u>	Days <u>13</u> If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner,</u> <u>sawyer, bookkeeper, etc.</u>	<u>Laborer (CCC)</u>
	9. Industry or business in which work was done, as <u>silk mill,</u> <u>saw mill, bank, etc.</u>	<u>105th Co., CCC</u> <u>Bourne, Massachusetts</u>
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 15, 1935.</u>	11. Total time (years) spent in this occupation <u>1/12</u>

12. BIRTHPLACE (city or town) Boston, Massachusetts
(State or country)

FATHER	13. NAME <u>Walter Francis Clark</u>
	14. BIRTHPLACE (city or town) <u>South Boston, Mass.</u> (State or country)

MOTHER	15. MAIDEN NAME <u>Mary Francis Metz</u>
	16. BIRTHPLACE (city or town) <u>South Boston, Mass.</u> (State or country)

17. INFORMANT Mary Francis Clark
(Address) 14 Draper St., Dorchester, Mass.

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 19____

19. UNDERTAKER _____
(Address) _____

20. FILED _____, 19____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 19, 19____

22. I HEREBY CERTIFY, That I attended deceased from
February 18, 1935, to February 19, 1935

I last saw him alive on February 19, 1935 death is said
to have occurred on the date stated above, at 9:12 a.m.

The principal cause of death and related causes of importance
were as follows:

Appendicitis, acute, gangrenous

Other contributory causes of importance:

Peritonitis, generalized

Name of operation Appendectomy Date of Feb. 18/35

What test confirmed diagnosis? Operation Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) Charles L. Gandy, Lt. Col. JMC, USA, M. D.

(Address) Port Banks, Mass., Feb. 19, 1935

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1 PLACE OF DEATH
Suffolk
(County)
Dorchester
(City or Town)
No. 13 Somerset St. Ward {



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 133

2 FULL NAME Leah (M. Kinley) Leane
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 13 Somerset St. Ward Dorchester
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred 12 mos. days. How long in U. S., if of foreign birth? 12 yrs mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed	(write the word)
5a If married, widowed, or divorced HUSBAND of John Leane (Give maiden name of wife in full) (or) WIFE of John Leane (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE 84 Years 11 Months 12 Days		If less than 1 day Hours Minutes	
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.		
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10 Date deceased last worked at this occupation (month and year)		
11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) (State or country) Dorchester Canada			
13 NAME OF FATHER James M. Kinley			
14 BIRTHPLACE OF FATHER (City) (State or country) Car. Ireland.			
15 MAIDEN NAME OF MOTHER Margaret (Green)			
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland			
17 Informant Robert J. Leane (Address) 13 Somerset St.			

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 19 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Feb. 19 1935 to Feb. 19 1935
I last saw him alive on Feb. 19 1935, death is said to have occurred on the date stated above, at N.A. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Myocarditis
Contributory causes of importance not related to principal cause: Arteriosclerosis
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Kinley, M. D.
(Address) 13 Somerset St. Date Feb. 19 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)
DATE OF BURIAL Feb. 21 1935

22 NAME OF UNDERTAKER William J. Leane
ADDRESS 902 Highland St. Lowell

Received and filed Feb. 21 1935 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 21/19/35

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectel, as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectel shall appear upon the permit, which it has been engaged, its agent, upon receipt of such statement and certificate, shall forthwith controvert, if and transmit it to the clerk of the town for registration certifying the cause of death the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 414, Sec. 45, G. L., as amended by Chap. 48, Act 10/1921 and Chap. 414, Sec. 45, G. L., as amended by Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, assema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.


Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
<p>1</p> <p>Suffolk County</p> <p>Winthrop (City or Town)</p> <p>No. 145 Main St., Ward {</p>		 <p>STANDARD CERTIFICATE OF DEATH</p>		<p>Registered No. 20</p> <p>(If death occurred in a hospital or institution, give its NAME instead of street and number)</p>	
<p>2 FULL NAME Julia Murphy</p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>(If U. S. War Veteran, specify WAR)</p>		<p>(If nonresident, give city or town and state)</p>	
<p>(a) Residence. No. 145 Main St., Ward,</p> <p>(Usual place of abode)</p>		<p>Length of residence in city or town where death occurred 25 yrs. mos. days.</p>		<p>How long in U. S., if of foreign birth? 42 yrs. mos. days.</p>	
PERSONAL AND STATISTICAL PARTICULARS					
<p>3 SEX Female</p>		<p>4 COLOR OR RACE White</p>		<p>5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED married</p>	
<p>5a If married, widowed, or divorced</p> <p>HUSBAND of (Give maiden name of wife in full) Joseph a. Murphy</p> <p>(or) WIFE of (Husband's name in full)</p>					
<p>6 IF STILLBORN, enter that fact here.</p>					
<p>7 AGE 62 Years Months Days If less than 1 day Hours Minutes</p>					
<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</p>		<p>Housework at home</p>			
<p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.</p>		<p>10 Date deceased last worked at this occupation (month and year) Feb 10/35</p>			
<p>11 Total time (years) spent in this occupation 40 yrs</p>		<p>12 BIRTHPLACE (City) (State or country) Ireland</p>			
<p>13 NAME OF FATHER Owen Callaghan</p>		<p>14 BIRTHPLACE OF FATHER (City) (State or country) Ireland</p>			
<p>15 MAIDEN NAME OF MOTHER Unknown</p>		<p>16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland</p>			
<p>17 Informant miss Mary Murphy, Daughter (Address) 145 Main St., Winthrop</p>					
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p>Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 2/21/35</p> <p>(Official Designation) (Date of Issue of Permit)</p>					
MEDICAL CERTIFICATE OF DEATH					
<p>18 DATE OF DEATH Feb 20 1935</p> <p>(Month) (Day) (Year)</p>					
<p>19 I HEREBY CERTIFY, That I attended deceased from Jan 1933, to Feb 20 1935, last saw him alive on Feb 2 1935, death is said to have occurred on the date stated above, at 9:40 a.m.</p> <p>The principal cause of death and related causes of importance in order of onset were as follows:</p> <p>Cerebral hemorrhage 2/1/35</p> <p>Contributory causes of importance not related to principal cause:</p> <p>hypertension</p>					
<p>Name of operation Date of</p> <p>What test confirmed diagnosis? Was there an autopsy?</p>					
<p>20 Was disease or injury in any way related to occupation of deceased?</p> <p>If so, specify (Signed) C. J. Mahoney M. D. (Address) Washington, D. C. Date 2/4/35</p>					
<p>21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)</p>					
<p>DATE OF BURIAL Feb 22 1935</p>					
<p>22 NAME OF UNDERTAKER Frederick H. Tate</p>					
<p>ADDRESS 145 Main St., Winthrop</p>					
<p>Received and filed FEB 26 1935 19</p> <p>(Registrar)</p>					

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—white laundry*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a racial as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countercheck it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hosp.

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Benjamin Groman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

213 Thirley

St.,

Ward,

Wintrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 1 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

single

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

39

Years

10

Months

10

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Coal dealer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Lithuania

13 NAME OF FATHER

Peter Groman

14 BIRTHPLACE OF FATHER (City)

(State or country)

Lithuania

15 MAIDEN NAME OF MOTHER

Mary Baron

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Lithuania

PARENTS

17

Informant (Address)

Hospital records

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb. 20, 1935

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

87

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran, World War

specify WAR)

Wintrop, Mass.

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb. 20, 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 19,

19

28

to

Feb. 20,

19

35

I last saw him alive on Feb. 20, 1935 death is said

to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Erysipelas

2/17/35

Paralysis Agitans

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. F. Finole

M. D.

(Address) Soldiers' Home

Date Feb. 20, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wintrop Co. Everett

(Cemetery)

(City or town)

DATE OF BURIAL

Feb. 21,

1935

22 NAME OF UNDERTAKER

Manuel Tanetsky

ADDRESS

63 Green St., Boston

Received and filed

MAR 6 1935

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 112

No. 141 - Cottage PK Road St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carrie - Edith - Walker Gerrish (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 141 - Cottage PK. Rd. St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William - Patrick Gerrish (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 5-8 Years 11 Months 26 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10 Date deceased last worked at this occupation (month and year) Jan 1935 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Somerville (State or country) Mass

13 NAME OF FATHER James. Green. Walker

14 BIRTHPLACE OF FATHER (City) Boston (State or country) N. H.

15 MAIDEN NAME OF MOTHER Carrie M. Harvey

16 BIRTHPLACE OF MOTHER (City) Halesford (State or country) N. S.

17 Informant W. P. Gerrish (Address) 141 - Cottage - PK. Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Muldrew, D. (Signature of Agent of Board of Health or other)
Health Officer 4/23/35
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 21 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Feb 21, 1935

I last saw him alive on Feb 21, 1935, death is said

to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Cerebral hemorrhage and
Bleeding colon Aug 1934

Contributory causes of importance not related to principal cause:

Name of operation Exploratory Date of Jan 1935
What test confirmed diagnosis? Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker, M. D.
(Signed) (Address) Winthrop Mass Date Feb 23 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town)

DATE OF BURIAL Feb 23 1935 19

22 NAME OF UNDERTAKER C R Bennett
ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST: FEB 23 1935 (Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *plumber*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxiation, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recent disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including receiving septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 403

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Wentworth
No. 58 Green St St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jane Adelle Richardson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 32 Green St St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 19 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)

6 IF STILLBORN, enter that fact here. _____

7 AGE 1 Years 2 Months 19 Days If less than 1 day _____ Hours _____ Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10 Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12 BIRTHPLACE (City) Wentworth (State or country) Mass

13 NAME OF FATHER Charles W. Richardson

14 BIRTHPLACE OF FATHER (City) Portsmouth (State or country) N. S.

15 MAIDEN NAME OF MOTHER Adelle Belcher

16 BIRTHPLACE OF MOTHER (City) Wentworth (State or country) Mass

17 Informant John Adelle Belcher Richardson (Address) 32 - Green St Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial, or transit permit was issued:

Wm. D. Curran
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/25/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 23 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at 12:15 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Natural Cause Possibly
Arterio-sclerosis of Heart
Contributory causes of importance not related to principal cause:
Congestive Heart Disease

Name of operation None Date of _____
What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Raymond B. Porter
(Signed) (Address) Wentworth Board of Health Date Feb 24 1935 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wentworth Wentworth
(Cemetery) (City or town)

DATE OF BURIAL Feb - 25 - 1935 19

22 NAME OF UNDERTAKER C. R. Bennett
ADDRESS _____

Received and filed FEB 25 1935 19____
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 48, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice which will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up, or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold,* etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of cases containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Suffolk
(County)

Winthrop
(City or Town)

No. **30 Atlantic** St. **Ward** { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **11**

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

2 FULL NAME **Anna Ethelyn Holmes**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) **Residence. No.** **30 Atlantic** **St.** **Ward**
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **43** yrs. mos. days. **How long in U. S., if of foreign birth?** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** **4 COLOR OR RACE** **White** **5 SINGLE MARRIED WIDOWED or DIVORCED** **Single** (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) **WIFE of** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **52** Years **13** Months **13** Days **13** Hours **Minutes**
(If less than 1 day)

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Switchboard Operator**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Office**
10 Date deceased last worked at this occupation (month and year) **Nov. 1932** **11 Total time (years) spent in this occupation.** **25**

12 BIRTHPLACE (City) **Boston**
(State or country) **Massachusetts**

13 NAME OF FATHER **Robert Henry Holmes**

14 BIRTHPLACE OF FATHER (City) **New York**
(State or country) **New York**

15 MAIDEN NAME OF MOTHER **Amy Jane Moore**

16 BIRTHPLACE OF MOTHER (City) **North Sydney**
(State or country) **Cape Breton N. S.**

17 Informant (Address) **Oliver W. Holmes**
123 Buchanan St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **3/26/35** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Feb 23 1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **May 1934** to **Feb 23 1935**
I last saw him alive on **Feb 22 1935**, death is said to have occurred on the date stated above, at **10200**.
The principal cause of death and related causes of importance in order of onset were as follows:

right
Cancer of the lung. **IMPORTANT** **3mo?**
Contributory causes of importance not related to principal cause:
Cancer of breast **1932**

Name of operation **Removal of breast** Date of **June 1934**
What test confirmed diagnosis? **biopsy** Was there an autopsy? **Yes**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Asphyxiation** M. D. **26 1935**
(Signed) **Dr. W. L. Layton** (Address) **220 Cambridge St** Date

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**
(Cemetery) (City or town)
DATE OF BURIAL **Feb. 26, 1935**

22 NAME OF UNDERTAKER **Charles R. Bennison**
Winthrop Mass
ADDRESS

Received and filed **1025** **19**
MAR 2 1935 (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried until he has received a permit from the clerk of health, or from the agent appointed to issue such permits, or if there is no such board or from the clerk of the town where the body died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit and certificate, shall forthwith counterseign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice, will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (injuries), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—white family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases,

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33, No. 9321-a

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 48 Bowdoin



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 15

2 FULL NAME Carroll, William Wurtz
(If deceased is a married, widowed or divorced woman, give also maiden name)

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 48 Bowdoin St., Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Single

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 15 Years 21 Months 21 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Boy
10 Date deceased last worked at this occupation (month and year) 7/23 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER James F. Wurtz
14 BIRTHPLACE OF FATHER (City) Unknown (State or country)

15 MAIDEN NAME OF MOTHER Ethel M. Orent
16 BIRTHPLACE OF MOTHER (City) Sunny (State or country) Mass

17 Informant Mother, Ethel M. Wurtz (Address) 48 Bowdoin St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Childers (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/25/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 24 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Feb. 22 1935 to Feb. 24 1935
I last saw him alive on Feb. 23 1935, death is said to have occurred on the date stated above, at 4 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify P. J. Mahoney (Signed) M. D.
(Address) 4 Chestnut St. Date 4/24 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (City or town)
DATE OF BURIAL Wed. 5/27/35 19

22 NAME OF UNDERTAKER C. R. Benjamin
ADDRESS Winthrop

Received and filed FEB 26 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *millwright*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter 104B, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur therein and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish or registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45; G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting asphyxia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 46

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 62 Park Avenue, Winthrop St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary M^c Cleare

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

62 Park Avenue

St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

65

Years

x

Months

x

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Cook. Genl. Housework

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Private family

10 Date deceased last worked at
this occupation (month and
year)

1932

11 Total time (years)
spent in this
occupation

4 yrs.

12 BIRTHPLACE (City)

Ireland

13 NAME OF
FATHER

John M^c Cleare

14 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME
OF MOTHER

Not obtainable

16 BIRTHPLACE OF
MOTHER (City)

Not obtainable

(State or country)

17

Informant
(Address)

Franklin Balch

22 Tremont St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chilress, Jr.

(Signature of Agent or Board of Health or other)

Health Officer

8/27/35

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

February 26

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 7, 1935, to Feb. 26, 1935

I last saw him alive on Feb. 26, 1935, death is said

to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Arterio-Sclerosis

Date of Onset
IMPORTANT

1925

Cerebral Arterio-Sclerosis

1928

Senile Dementia

1934

Chronic Nephritis

1931

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George H. Walton M. D.

(Address) Winthrop Mass. Date Feb 26 1935

21 PLACE OF BURIAL

pine grove Topsfield

CREMATION OR REMOVAL

(Cemetery) (City or town) Mass

DATE OF BURIAL

March 2 1935

22 NAME OF

UNDERAKER George H. Walton

ADDRESS

Boston Mass.

Received and filed 19

(Registrar)

A physician or registered hospital medical officer shall

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
sen. Laws, Chap. 40, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a person is to be precise, statement of the occupation can be secured. Do not use the phrase, statement of the occupation can be secured. Do not give the exact occupation, as *carpenter*, *blacksmith*, *joiner*, *machinist*, etc. Distinctions immediately between *vital merchants* and *wholesale merchants*. A person who sells goods should be called a *retailer* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As principal causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall entomb a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another, is issued, the

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of an attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously inferred from one town to another within the commonwealth, cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45 G. L., as amended by chap. 48, Acts of 1924 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits. There is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to fix the date of the interment or burial ground in which the interment is made...*Chap. 114, Sec. 46, G. L. amended.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including scalding, sepsis, etc.), but also deaths caused by the action of chemical (drugs or poisons), thermal, or electrical agents and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Suffolk (County)
Winthrop (City or Town)
No. 213 Shirley St., **Ward** {
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
2 FULL NAME **Rebecca Groman**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) **Residence. No. 213 Shirley** St., **Ward, Winthrop**
 (Usual place of abode)
 Length of residence in city or town where death occurred **12** yrs. mos. days. How long in U. S., if of foreign birth? **14** yrs. mos. days.

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **1935**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
 War Veteran,
 specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** **4 COLOR OR RACE** **White** **5 SINGLE** **Married** (write the word)
5a If married, widowed or divorced
HUSBAND of **Ernest Barron**
 (Give maiden name of wife in full)
 (or) **WIFE of** (Husband's name in full)

6 IF STILLBORN, enter that fact here.
7 AGE **85** Years **Months** **Days** **If less than 1 day**
Hours **Minutes**

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Meat-Market**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **For himself**
10 Date deceased last worked at this occupation (month and year) **1932** **11 Total time (years) spent in this occupation** **10**

12 BIRTHPLACE (City) (State or country) **Russia**

13 NAME OF FATHER **Moses Groman**

14 BIRTHPLACE OF FATHER (City) (State or country) **Russia**

15 MAIDEN NAME OF MOTHER **Cannot be learned**

16 BIRTHPLACE OF MOTHER (City) (State or country) **Russia**

17 Informant (Address) **Bing Groman (wife)**
213 Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
 (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **2/27/35** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 26** **1935**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **July 9**, 19**24**, to **February 26**, 19**35**
 I last saw him alive on **February 26**, 19**35**, death is said to have occurred on the date stated above, at **2:30 P. m.**
 The principal cause of death and related causes of importance in order of onset were as follows:

arterio sclerosis -
chronic nephritis
 Date of Onset
IMPORTANT
Years -
Years -

Contributory causes of importance not related to principal cause:

cerebral hemorrhage **July 1-34**

Name of operation **—** Date of **—**
 What test confirmed diagnosis? **—** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **—**
 (Signed) **Wm. D. Childers**, M. D.
 (Address) **202 Green St. Boston** Date **Feb 26, 1935**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Cem. Winthrop**
 (Cemetery) (City or town)

DATE OF BURIAL **Feb 27**, 19**35**

22 NAME OF UNDERTAKER **Wm. D. Childers**
ADDRESS **63 Green St. Boston**

Received and filed **1935**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a notation, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such notation shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 48, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits. If there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family, cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 49

1 PLACE OF DEATH
Suffolk (County)
Northeast (City or Town)
No. 20 Pleasant St., 1 Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary E. Pratt

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 26 Pleasant St., 1 Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 7 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widowed
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George A. Pratt
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 85 Years 6 Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. at home

10 Date deceased last worked at
this occupation (month and
year) July 12, 33 11 Total time (years)
spent in this occupation 63

12 BIRTHPLACE (City)
(State or country) Chelsea
Mass

13 NAME OF FATHER David Gilbert Deighton

14 BIRTHPLACE OF FATHER (City)
(State or country) Plymouth
N.H.

15 MAIDEN NAME OF MOTHER Harriet Cetheron

16 BIRTHPLACE OF MOTHER (City)
(State or country) Waterford
Me.

17 Informant Wallace A. Pratt son
(Address) 20 Pleasant St. Northeast

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

NO
(Official Designation)

March 1, 35
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 28 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb. 2 1935, to Feb. 28 1935

I last saw him alive on Feb. 27 1935, death is said
to have occurred on the date stated above, 2:00 P. m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Coronary of liver

Date of Onset
IMPORTANT

1935?

Contributory causes of importance not related to principal cause:

Myocarditis

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify P. W. Deighton M. D.
(Signed) (Address) 270 Commercial Ave. Date Feb. 28 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation Forest Hills
(Cemetery) (City or town)

DATE OF BURIAL March 2 1935

22 NAME OF UNDERTAKER Joseph S. Kelly
ADDRESS 1 Marlboro St. Charlestown

Received and filed MAR 3 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. — Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., as amended.

THE FULFILLMENT OF THE PURPOSE OF THESE LAWS CALLS FOR THE OBSERVANCE OF THE FOLLOWING RULES OF PRACTICE:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 49
Township Winthrop or Village _____ or _____
City _____ No. Station Hospital, Fort Banks St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Michael Judge

(a) Residence: No. 332 John St. _____ Ward. Fall River, Mass.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced
HUSBAND of Mary Judge
(or) WIFE of Unknown
6. DATE OF BIRTH (month, day, and year) not known
7. AGE Years 66 Months 6 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 398th Co., CCC., Camp #2160, Spencer, Mass
10. Date deceased last worked at this occupation (month and year) February, 1935
11. Total time (years) spent in this occupation 1935

12. BIRTHPLACE (city or town) not known
(State or country) England.

13. NAME not known Michael Judge

14. BIRTHPLACE (city or town) not known
(State or country) Ireland

15. MAIDEN NAME not known Ann H. Jim

16. BIRTHPLACE (city or town) not known
(State or country) Ireland

17. INFORMANT Records Fort Banks
(Address) Winthrop Mass

18. BURIAL, CREMATION, OR REMOVAL
Place St. Patrick's P. R. Mass Date Mar 5, 1935

19. UNDERTAKER John D. Lynch
(Address) 158 Rodman Street Fall River Mass

20. FILED _____, 19____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to March 1, 1935

I last saw him alive on March 1, 1935; death is said to have occurred on the date stated above, at 7:01 Am.

The principal cause of death and related causes of importance were as follows:

1. Carcinoma, intestinal, recto-sigmoid
2. Intestinal obstruction, due to (1 unknown) above. (2 about 1 week).

Other contributory causes of importance:
Operation, for obstruction

Name of operation enterostomy Date of 3/1/35
What test confirmed diagnosis operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Charles L. Gandy, M. D.
(Address) Fort Banks, Winthrop, Mass.

Wm. D. Childress Health Officer 3/2/35

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Ruffolk State Massachusetts Registered No. _____
Township Introp or Village _____ or _____
City _____ No. Station Hospital, Fort Banks St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 332 John St. _____ Ward. Fall River, Mass.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mary Judge</u>		
6. DATE OF BIRTH (month, day, and year) <u>not known</u>		
7. AGE <u>63</u>	Years	Months Days If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>330th Co., 600., Camp 100, Spencer, Mass</u>		
10. Date deceased last worked at this occupation (month and year) <u>March 1, 1935</u>		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) not known
(State or country) England.

13. NAME not known
14. BIRTHPLACE (city or town) not known
(State or country)

15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT _____
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 19____

19. UNDERTAKER _____
(Address)

20. FILED _____, 19____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to March 1 1935

I last saw h. in alive on March 1 1935; death is said to have occurred on the date stated above, at 7:01 A.

The principal cause of death and related causes of importance were as follows:

1. Carcinoma, intestinal, recto-sigmoid
2. Intestinal obstruction, due to
above.

Date of onset

Other contributory causes of importance:

Operation, for obstruction

Name of operation enterostomy Date of 3/1/35
What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Charles L. Conley, M. D.
(Address) Fort Banks, Introp, Mass.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-r

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. 48 Peter Parley Rd

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 2196

2 FULL NAME

Catherine M

Foley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

50

(a) Residence. No. 26 Cutter

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Harry P Foley

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

58

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

at home

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Worcester Mass

13 NAME OF FATHER

John Dopher

14 BIRTHPLACE OF FATHER (City)

(State or country)

Germany

15 MAIDEN NAME OF MOTHER

Catherine McKenna

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Worcester

17

Informant (Address)

Son Herbert Foley

above

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March 5

19 35

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

St., Ward, Winthrop

How long in U. S., if of foreign birth?

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

2

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 2

1935, to

March 2

19 35

I last saw her alive on March 2, 1935, death is said

to have occurred on the date stated above, at 5.20 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

endocarditis

3/2/35

Contributory causes of importance not related to principal cause:

intestinal obstruction

3/3/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

G. D. McCreedy

M. D.

(Address)

Boston

Date 3/2/1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St John

Worcester

(Cemetery)

(City or town)

DATE OF BURIAL

March

6

19 35

22 NAME OF UNDERTAKER

J. F. O'Maley

ADDRESS

Winthrop

Received and filed

MAR 9 1935

19 35

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

PLACE OF DEATH

1

Suffolk.

(County)

Winthrop

(City or Town)

No.

Winthrop Com. Hays

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 51

2 FULL NAME

Baby Boy Higgins

(If deceased was a married, widowed, or divorced woman, give also maiden name)

(a) Residence. No.

(Usual place of abode)

153 Boardman St. E. B.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

Stillborn

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Winthrop, Mass.

(State or country)

13 NAME OF FATHER

Andrew Higgins

14 BIRTHPLACE OF FATHER (City)

Boston, Mass.

(State or country)

15 MAIDEN NAME OF MOTHER

Mary G. Smith

16 BIRTHPLACE OF MOTHER (City)

East Boston, Mass.

(State or country)

17

Informant (Address)

Andrew Higgins (FATHER)
53 Boardman St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cheladree

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March 4, 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

March 4, 1935, to March 4, 1935

I last saw him alive on, 19, death is said

to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

IMPORTANT

Stillborn

Contributory causes of importance not related to principal cause:

Pulmonary cord

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George H. Schwartz

M. D.

(Address)

19 Boardman St

Date

3/6

1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Garden, Chelsea

(Cemetery)

(City or town)

DATE OF BURIAL

3-7

1935

22 NAME OF UNDERTAKER

William A. Treanor

ADDRESS

59 Saratoga St E. B.

Received and filed

MAR 6 1935

19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.
- Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths *supposedly due to injury*. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-r

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. 31 Ardale

St., Ward

2 FULL NAME

Jane E

Evans

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 102 Pleasant

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edwin J Evans

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

70

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

at home

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Newfoundland

PARENTS

13 NAME OF FATHER

John Butt

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

--

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17

Informant (Address)

Ada E Swimm (dau)

above

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March

9

19 35

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2321

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,
specify WAR)

52

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

6

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb 18

1935, to

March 6

19 35

I last saw her alive on March 5, 1935, death is said

to have occurred on the date stated above, at 4.45 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

broncho pneumonia

Date of onset
2/18/35

hemiplegia (embolism)

2/2/35

myocarditis

about 1 yr

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A N Allen

M. D.

(Address)

Boston

Date 3/6/ 19 35

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

March

9

19 35

22 NAME OF UNDERTAKER

C R Bennison

ADDRESS

Winthrop

Received and filed

APR 6 1935

19 35

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 534

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. II Revere St.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Christopher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. II Revere St.
(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Bridget Fitzgibbons (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meade Morrison Co. 10 Date deceased last worked at this occupation (month and year) Feb 1931 11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) (State or country) Newfoundland

13 NAME OF FATHER Patrick 14 BIRTHPLACE OF FATHER (City) (State or country) Newfoundland 15 MAIDEN NAME OF MOTHER Margaret Unknown 16 BIRTHPLACE OF MOTHER (City) (State or country) Newfoundland

17 Informant Bridget Christopher (Address) II Revere St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/8/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 7, 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 17 1935 to Mar 7 1935

I last saw him alive on Mar 7, 1935, death is said

to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia Feb 17 1935 Acute Distention of Heart Mar 7 1935

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis Abortion Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify Raymond B Parker (Signed) M. D. (Address) Waltham Mass Date Mar 7 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL March 8 1935 19

22 NAME OF UNDERTAKER John H. Males ADDRESS Winthrop

Received and filed 308 - 1935 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause, of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal. It is provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Acts of 1931, as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons **found dead.**

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

<p>1 PLACE OF DEATH</p> <p>Suffolk (County)</p> <p>Wincham (City or Town)</p> <p>No. 15 War Way</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. 51</p>	
		<p>St. Ward</p>		<p>(If death occurred in a hospital or institution, give its NAME instead of street and number)</p>	
2 FULL NAME		Minnie Elizabeth Smith Moore		<p>(If U. S. War Veteran, specify WAR)</p>	
		<p>(If deceased is a married, widowed or divorced woman give also maiden name.)</p>			
(a) Residence. No. 15 War Way		St. Ward,		<p>(If nonresident, give city or town and state)</p>	
Length of residence in city or town where death occurred 25 yrs.		mos. days.		<p>How long in U. S., if of foreign birth? yrs. mos. days.</p>	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Female	Black	MARRIED			
		WIDOWED			
		or DIVORCED			
5a If married, widowed, or divorced					
HUSBAND of (Give maiden name of wife)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 57 Years 2 Months 16 Days		If less than 1 day			
		Hours. Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	at home				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10 Date deceased last worked at this occupation (month and year)					11 Total time (years) spent in this occupation
Nov 20 1934					36
12 BIRTHPLACE (City) Spring field					
(State or country) Mass					
PARENTS	13 NAME OF FATHER William Smith				
	14 BIRTHPLACE OF FATHER (City) Richmond				
	(State or country) Va				
	15 MAIDEN NAME OF MOTHER Minnie (unmarried)				
16 BIRTHPLACE OF MOTHER (City) Richmond					
(State or country) Va					
17 Informant Vivian Moore Jones, Daughter					
(Address) 15 War Way Wincham					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other)					
Health Officer 3/11/35					
(Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH March 8 1935					
		<p>(Month) (Day) (Year)</p>			
19 I HEREBY CERTIFY That I attended deceased from 12-1 1935, to March 8 1935					
I last saw him alive on March 8 1935, death is said to have occurred on the date stated above, at 12:30 p.m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Endocarditis					
Contributory causes of importance not related to principal cause:					
Myocarditis					
Pulmonary Congestion					
Liver & Spleen					
Name of operation. Date of					
What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) J. H. Moorey M. D.					
(Address) 15 War Way Date 3/8 1935					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Wincham Wincham					
(Cemetery) (City or town)					
DATE OF BURIAL March 11 1935					
22 NAME OF UNDERTAKER C. L. Semmes					
ADDRESS 15 War Way					
Received and filed 19					
MAR 19 1935 (Registrar)					

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, the date, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of that town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examinations upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, engine driver, stationary engineer,* etc. Avoid the term "laborer," when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchant, and wholesale merchant.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **50**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 507 Pleasant Street St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Patrick Loonen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR) Civil

(a) Residence. No. 507 Pleasant Street St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced
HUSBAND of Cannot be Learned (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 92 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cannot be Learned
10 Date deceased last worked at this occupation month and year Cannot be Learned
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Cannot be Learned

14 BIRTHPLACE OF FATHER (City) (State or country) Cannot be Learned

15 MAIDEN NAME OF MOTHER Cannot be Learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Cannot be Learned

17 Informant Frances W. Winne (Address) 507 Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Health Officer (Signature of Agent of Board of Health or other)
3/11/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 8 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 20 1935, to March 8 1935
I last saw him alive on March 8 1935, death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

arteriosclerosis

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) O. J. M. D. (Address) Winthrop Date 3/8 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL March 11 1935 19

22 NAME OF UNDERTAKER John F. O'Malley Winthrop, Mass.

Received and filed March 19 1935 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not painfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housewife* *washer* *cook* *family*, *cook*—*hold*, etc. For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster*, *wagoner*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or remove a body from the same cemetery, until he has received a permit from the board of health or its agent, above said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recent medical disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass Women's Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dirksmeyer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 44 Read

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months 1

Days

If less than 1 day

5

Hours 40

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Boston

PARENTS

13 NAME OF FATHER

Charles H Dirksmeyer

14 BIRTHPLACE OF FATHER (City)

(State or country)

Dorchester

15 MAIDEN NAME OF MOTHER

Alice M McGillicuddy

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Everett

17

Informant

(Address)

Mass Women's Hosp

A TRUE COPY.

Kilda Hedstrom Dirks

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March 14

19 35

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2494

(If U. S.

War Veteran,

specify WAR)

56

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March 11

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 9

19 35 to

March 10

19 35

I last saw him alive on March 10, 1935, death is said

to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

pulmonary atelectasis

3/9/35

Contributory causes of importance not related to principal cause:

intrauterine asphyxia

3/9/35

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. White Jr

(Address)

Boston

M. D.

Date 3/11/ 19 35

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holyhood

Brookline

(Cemetery)

(City or town)

DATE OF BURIAL

March 12

19 35

22 NAME OF UNDERTAKER

C. A. Tondor

ADDRESS

Boston

Received and filed

APR 6 1935

19 35

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 338-5-f

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 57

2 FULL NAME

Franklin Herbert Inman

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

11 Neptune Ave Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred / 5 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED divorced (write the word)

5a If married, widowed, or divorced HUSBAND of Edith (Bertha) Inman (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 49 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Orono (State or country) Me

13 NAME OF FATHER Franklin H. Inman

14 BIRTHPLACE OF FATHER (City) unable to obtain (State or country) Me.

15 MAIDEN NAME OF MOTHER C. Dawson

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant Edith M. Inman (Address) 87 Main St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/14/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 12, 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1935 to Mar. 12, 1935

I last saw him alive on Mar. 12, 1935 death is said

to have occurred on the date stated above, at 3:15 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia

Date of Onset

May 7, 1935

Contributory causes of importance not related to principal cause:

Name of operation None Date of What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Rigidity of Dickinson (Signed) Address Winthrop Mass Date May 11, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL 3/14-1935 19

22 NAME OF UNDERTAKER C. R. Benjamin ADDRESS Winthrop Mass

Received and filed MAR 14 1935 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration as required by section one, seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, if a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall, thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 48, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 98

Acton notified 4/9/35

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 58
Township Winthrop or Village _____ or _____
City _____ No. Station Hospital, Fort Banks St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Joseph T. Leon

(a) Residence: No. Main St., _____ Ward. Acton, Massachusetts.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ema D. Leon Unknown

6. DATE OF BIRTH (month, day, and year) 1876

7. AGE Years 59 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Enlisted Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Army

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) New York City (State or country) _____

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) _____

17. INFORMANT Wife Ema D. Leon (Address) Acton Mass.

18. BURIAL, CREMATION, OR REMOVAL Place Acton Mass Date March 17, 1935

19. UNDERTAKER W. A. Swombly (Address) Maynard Mass.

20. FILED _____ 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14, 19 35

22. I HEREBY CERTIFY, That I attended deceased from March 10, 19 35 to March 14, 19 35

I last saw him alive on March 14, 19 35; death is said to have occurred on the date stated above, at 7:50 A.

The principal cause of death and related causes of importance were as follows:

Septicaemia, generalized, severe. Date of onset 3/6/35

Other contributory causes of importance:

Erysipelas, face and neck, accidentally incurred by cutting left cheek while shaving March 6, 1935.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) ROBERT E. THOMAS, Major, U.S. M. D.

(Address) Station Hospital, Fort Banks, Mass.

Wm D. Childress. R.O. 3/14/35

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
Township Winthrop or Village _____ or _____
City _____ No. Station Hospital, Fort Banks St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Joseph T. Leon

(a) Residence: No. Main St. _____ Ward Acton, Massachusetts.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma D. Leon

6. DATE OF BIRTH (month, day, and year) 1876

7. AGE Years 59 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Enlisted Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Army
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) New York City (State or country) _____

FATHER 13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country) _____

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) _____

17. INFORMANT (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____

19. UNDERTAKER (Address) _____

20. FILED _____, 19____ 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14, 19 35

22. I HEREBY CERTIFY, That I attended deceased from March 10, 19 35 to March 14, 19 35

I last saw him alive on March 14, 19 35; death is said to have occurred on the date stated above, at 7:50 Am.

The principal cause of death and related causes of importance were as follows:

Septicaemia, generalized, severe. Date of onset 3/6/35

Other contributory causes of importance:

Erysipelas, face and neck, accident-ally incurred by cutting left cheek while shaving March 6, 1935.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____ (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? _____

If so, specify Station Hospital

(Signed) ROBERT E. THOMAS, Major, M.C., M. D.

(Address) Station Hospital, Fort Banks, Mass

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-30, No. 605-b

1-301 R-301A		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
PLACE OF DEATH 1 { Suffolk (County) Winthrop (City or Town) No. 49 Moore St. St., Ward {		STANDARD CERTIFICATE OF DEATH		Registered No. 59 (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Charlotte Vinal Wilder (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 49 Moore St., Ward,		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred 27 yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed	(write the word)		
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Agusta A Wilder (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 86 Years 5 Months 16 Days		If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		At Home			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) East Boston (State or country) Mass.					
13 NAME OF FATHER Ezra Ezra Vinal					
14 BIRTHPLACE OF FATHER (City) Mass. (State or country)					
15 MAIDEN NAME OF MOTHER Ann Collins					
16 BIRTHPLACE OF MOTHER (City) Mass. (State or country)					
17 Informant Daughter Ann M. Bassett (Address) 49 Moore St. Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/16/35 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH March 14 35 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 1925, to March 14, 1935 I last saw h alive on March 14, 1935 death is said to have occurred on the date stated above, at 5:45 P.m. The principal cause of death and related causes of importance in order of onset were as follows: Cardio-vascular Disease 1910 Contributory causes of importance not related to principal cause: Hemiplegia 1921 Name of operation Clinical Date of What test confirmed diagnosis Was there an autopsy? 20 20 Was disease or injury in any way related to occupation of deceased? 20 If so, specify Wm. S. Walkey (Signed) M. D. (Address) 7 Nicholas St. Chelsea Date 1/15/35 1935 21 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Ever (Cemetery) (City or town) DATE OF BURIAL March 17 35 19 22 NAME OF UNDERTAKER Richard H. White ADDRESS 147 Winthrop St. Winthrop Received and filed 19 A TRUE COPY, ATTEST: 1935 (Registrar)					

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is every important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of *own housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

60

Registered No.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 21 Adams St.

St. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Martin Chambers Lehman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 21 Adams

St. Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

William H. Lehman
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 76

Years 2

Months 28

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At Home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF
FATHER

Thomas Chambers

14 BIRTHPLACE OF
FATHER (City)

England

(State or country)

15 MAIDEN NAME
OF MOTHER

Rebecca Saul

16 BIRTHPLACE OF
MOTHER (City)

England

(State or country)

17

In'ormant
(Address)

Son William Lehman

Relation, if any

21 Adams St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

March

15

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov -

1924

to March 15

1935

I last saw her alive on March 12, 1935, death is said

to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance in order of onset
were as follows:Date of Onset
IMPORTANTArteriosclerosis at heart
Cerebral hemorrhage
Chronic interstitial nephritis

1924

1931-34

1932

Contributory causes of importance not related to principal cause:

Name of operation

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roy W. Layton

(Address) 220 Commonwealth Ave

Date 7/16 1935

M. D.

21 PLACE OF BURIAL
CREMATION OR REMOVAL

Forest Hills

(Cemetery)

(City or town)

DATE OF BURIAL Mar 18 35

19

22 NAME OF

UNDERTAKER Richard H. White

ADDRESS Winthrop

Received and filed

MAR 19 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

may be named as *that of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *Grocery store*, *coal factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full description of their *craft, business, mechanical, civil, mining, electrical, stationary engines*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death—Cause of death means the disease or complication which causes death, *not* the mode of dying. *a, b,* heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal causes of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1919
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

RULES OF PRACTICE

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **apparently due to injury**. These include deaths caused directly or indirectly by mechanical (including trauma), chemical (including poisoning), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-o-30. No. 9054.

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. *15 Grovers Avenue* St., Ward {

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *1660*

2 FULL NAME *Ada T. Dunnell*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence.** No. *15 Grovers Avenue* St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *28* yrs. — mos. — days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* **4 COLOR OR RACE** *White* **5 SINGLE MARRIED WIDOWED or DIVORCED** *Widow* (write the word)

6a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
Thomas Dunnell
(or) **WIFE of** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *85* Years *6* Months *21* Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home*

10 Date deceased last worked at this occupation (month and year) *January 1915* **11** Total time (years) spent in this occupation *45 years*

12 BIRTHPLACE (City) *Charlestown Dist. Boston*
(State or country) *Massachusetts.*

13 NAME OF FATHER *James A. Dow*

14 BIRTHPLACE OF FATHER (City) *Newington,*
(State or country) *New Hampshire*

15 MAIDEN NAME OF MOTHER *Frances A. Freeman*

16 BIRTHPLACE OF MOTHER (City) *Charlestown Dist,*
(State or country) *Boston, Massachusetts.*

17 Informant *Ms. P. D. Birch*
(Address) *Newton Hds. Mass.*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *March 19, 1935*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Jan. 1915*, to *March 19, 1935*.
I last saw her alive on *March 19, 1935*, death is said to have occurred on the date stated above, at *3 p.* m.
The principal cause of death and related causes of importance in order of onset were as follows:
Diurnal Pneumonia *3/17/35*

Contributory causes of importance not related to principal cause:
Central Hemorrhage *3/3/35*
Arterio Sclerosis *1930*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *E. W. Jones* Date *3/19* 19 *35*
(Address) *20 Crescent A*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Swan Point* *Providence*
(Cemetery) (City or town)

DATE OF BURIAL *March 22, 1935.*

22 NAME OF UNDERTAKER *W. Pratt & Co. per Fredrick S. Pay*
101 Union St. Newton Centre. Mass.

Received and filed..... 19.....
MAR 25 1935
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddeback
(Signature of Agent of Board of Health or other)

Health Office *3/24/35*
(Official Designation) (Date of Issue of Permit)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *silk factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *millwright*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Acute tonsillitis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a post-mortem as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, while the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. 126 Kilsyth Rd

St., Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2823

2 FULL NAME

Sarah

Berger

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

63

(a) Residence. No.

30 Sea Foam Ave

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Eli Berger

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 80

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

at home

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in this
occupation.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF
FATHER

Jacob Sandler

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Ida -

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

17

Informant
(Address)

Dau Alice Wilensky

271 Shirley St

Winthrop

A TRUE COPY.

Hilda Hedstrom Quirk

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

March 24

19 35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March

21

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec

19 34

to March 20

1935

I last saw her alive on March 20, 1935, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

carcinoma of lungs

unk

Contributory causes of importance not related to principal cause:

terminal broncho pneumonia

3/18/35

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

M O Belson

M. D.

(Address)

Boston

Date 3/21/ 1935

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Beth Israel

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

March 21

19 35

22 NAME OF
UNDERTAKER

M Stanetsky

ADDRESS

Boston

Received and filed

APR 6 1935

19 35

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

61

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JAMES SPANOS
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) World

(a) Residence. No. 4 Brookfield Road St., Ward,
(Usual place of abode)
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 39 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit & Produce
10 Date deceased last worked at this occupation (month and year) March 12 1935
11 Total time (years) spent in this occupation. 25

12 BIRTHPLACE (City) Acovos
(State or country) Greece

13 NAME OF FATHER John

14 BIRTHPLACE OF FATHER (City) Acovos
(State or country) Greece

15 MAIDEN NAME OF MOTHER Maria Moutoulos

16 BIRTHPLACE OF MOTHER (City) Tainnissa
(State or country) Greece

17 Informant Charles Spanos
(Address) 4 Brookfield Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Guldberg (Signature of Agent of Board of Health or other Health Officer) 3/23/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 22 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from March 14 1935 to March 22 1935
I last saw him alive on March 22 1935, death is said to have occurred on the date stated above, at 120 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Appendicitis - Gangrenous
Toxemia
Date of Onset IMPORTANT Mar. 14-35 Mar. 17-35

Contributory causes of importance not related to principal cause:

Name of operation Appendectomy Date of Mar. 14 1935
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Cancer of Prostate
(Signed) Edward J. Grogan M. D.
(Address) 200 Washington Ave Date Mar. 23 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL March 24 1935 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop Mass.

Received and filed MAR 2 1935 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sawd factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45 G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2956

No. Boston City Hospital - St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine A McKinley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

65

(a) Residence. No. 66 Sunnyside Ave St. Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED wid (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of David D McKinley (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

at home

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Boston

13 NAME OF FATHER Thomas Gilraine

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Sarah Mahoney

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Son Chester (Address)

A TRUE COPY. Miss Hedstrom Quirk

ATTEST: (Registrar of city or town where death occurred)

DATE FILED March 27 19 35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 24 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from March 22 1935, to March 24 1935.

I last saw her alive on March 24 1935 death is said to have occurred on the date stated above, at 4.35A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

subarchnoid hemorrhage Date of onset 5 dys

Contributory causes of importance not related to principal cause:

Hypertension and hypertensive heart disease 5 yrs

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? If so, specify F N Schwartz (Signed) Boston (Address) Date 3/24/ 19 35 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett (Cemetery) (City or town) DATE OF BURIAL March 26 19 35

22 NAME OF UNDERTAKER W J Cassidy ADDRESS Boston

Received and filed APR 6 1935 19 35

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 137 Court Road

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

66

2 FULL NAME

Margaret M. Lally

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 137 Court Road Winthrop St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

68

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

June 19 35

11 Total time (years) spent in this occupation

48

12 BIRTHPLACE (City)
(State or country)Boston
Mass13 NAME OF
FATHER

Patrick J. Lally

14 BIRTHPLACE OF
FATHER (City)

Ireland

15 MAIDEN NAME
OF MOTHER

Margaret Norton

16 BIRTHPLACE OF
MOTHER (City)

Ireland

17

Informant
(Address)Francis Lally
137 Court Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/27/35

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

66

2 FULL NAME

Margaret M. Lally

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 137 Court Road Winthrop St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

March 26

(Month)

(Day)

1935

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Mar. 1

1935, to

Mar. 26

1935

I last saw her alive on Mar 26, 1935, death is said

to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Catarhal Pneumonia

Abscess of Gall Bladder

Date of Onset

IMPORTANT

Mar 1/35

Contributory causes of importance not related to principal cause:

Arterio Sclerosis.

Anemia

Name of operation

none

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James V. Spring

M. D.

(Address) 52 Mountmouth

Date Mar 26 1935

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Cathay

(Cemetery)

Boston

(City or town)

DATE OF BURIAL

March 27

1935

22 NAME OF

UNDERTAKER

Edwin A. Spang

ADDRESS 201 Bowdoin St Dorchester

Received and filed

19

MAR 27 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may route. *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *city engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body of the aforesaid which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. 75 HERRON

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 67

2 FULL NAME

ELIZA BUTTERFIELD PRATT

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 75 HERRON

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of BENJAMIN C. PRATT
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years 3 Months 9 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) St. John New Brunswick
(State or country) New Brunswick

13 NAME OF FATHER

Andrew J. Butterfield
Not Known

14 BIRTHPLACE OF FATHER (City)

Not Known

15 MAIDEN NAME OF MOTHER

Ellen Ward
Not Known Butterfield

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

Son Benjamin C Pratt
75 HERRON ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/30/35

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Ward

(If U. S.
War Veteran,
specify WAR)

Ward

How long in U. S., if of foreign birth?

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March 28 35
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 25, 1935, to March 28, 1935

I last saw him alive on March 27, 1935, death is said

to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Cerebral Hemorrhage 3/25

Contributory causes of importance not related to principal cause:

Intens. Syphilis
Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Charles M. Mahoney, M. D.
Washington
Date 3/29/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL March 30 35 19

22 NAME OF UNDERTAKER

Richard H. White

ADDRESS

Winthrop

Received and filed APR 6 1935 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician, if death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
 ...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:
 (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soda factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may in the above example happen to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

65

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital St., Ward

Registered No.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Filippo Viola

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 225 Border

St., Ward, East Boston

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Maria Cava (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Welfare

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Italy (State or country)

13 NAME OF FATHER Filippo Viola

14 BIRTHPLACE OF FATHER (City) Italy (State or country)

15 MAIDEN NAME OF MOTHER Giuseppina (Unknown)

16 BIRTHPLACE OF MOTHER (City) Italy (State or country)

17 Informant Vito Viola (Address) 225 Border St. East Boston Relation, if any (Son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent Mar. 29/35 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 29 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 4, 1935, to March 29, 1935.

I last saw him live on March 29, 1935, death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Lung Abscess 3/12/35 Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause:

Branches pneumonia 3/1/35

Name of operation none Date of operation none What test confirmed diagnosis? X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Charles Adams, M. D. (Address) 7 West Date 3/29/1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael (Boston) (Cemetery) (City or town)

DATE OF BURIAL April - 1 - 1935

22 NAME OF UNDERTAKER Patsy Patsino

ADDRESS 9 Chelsea St. East Boston.

Received and filed. 19

APR 6 1935

(Registrar)

RETURN OF CERTIFICATE OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If death is caused by violence, the medical examiner shall not previously interred. From one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*
- Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
- He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housewife, write *Housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septipemial) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 69

PLACE OF DEATH

No. 6St., LincolnWard 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emmie Hurlin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)(a) Residence. No. 6

(Usual place of abode)

St., LincolnWard, 1

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 days.How long in U. S., if of foreign birth? 66 yrs. 0 mos. 0 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 SINGLE
MARRIED
WIDOWED
or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of Charles Hurlin

(Give maiden name of wife in full)

(or) WIFE of Charles Hurlin

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 88 Years 3 Months 0 Days

If less than 1 day

Hours 0 Minutes 0

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10 Date deceased last worked at this occupation (month and year) Jan 193511 Total time (years) spent in this occupation at home

12 BIRTHPLACE (City)

(State or country) Sweden13 NAME OF FATHER not known

14 BIRTHPLACE OF FATHER (City)

(State or country) Sweden15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City)

(State or country) Sweden

PARENTS

17

Informant (Address) Wm. D. Chelmsworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit) April 11 1935

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 29 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Mar 25 1935 to March 29 1935I last saw him alive on Mar 29 1935, death is saidto have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Angina PectorisMar 25
1935

Contributory causes of importance not related to principal cause:

Name of operation none Date of none
What test confirmed diagnosis? Abnormal Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. B. Carter M. D.(Address) Winsted, Conn. Date Apr 1 193521 PLACE OF BURIAL, CREMATION OR REMOVAL Winsted

(Cemetery)

(City or town)

DATE OF BURIAL April 193522 NAME OF UNDERTAKER Richard D. WrightADDRESS 177 Winsted St. WinstedReceived and filed APR 6 1935

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and on the possession of the undertaker desiring to make such removal shall constitute a permit for such removal provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is the usual form for the removal of such body, as has been obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may appear in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1 PLACE OF DEATH		Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.		70	
		Winthrop (City or Town)				Registered No.			
		No. 49 Waldemar Ave		St. Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
		2 FULL NAME RACHEL AGNES CODY				{ (If U. S. War Veteran, specify WAR)			
		(If deceased is a married, widowed or divorced woman, give also maiden name.)							
		(a) Residence. No. 49 Waldemar Ave		St. Ward,		(If nonresident, give city or town and state)			
		(Usual place of abode)							
		Length of residence in city or town where death occurred		yrs. mos. days.		How long in U. S., if of foreign birth?		yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)					
Female		White		MARRIED WIDOWED or DIVORCED Single					
6a If married, widowed, or divorced									
HUSBAND of (Give maiden name of wife in full)									
(or) WIFE of (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE 40 Years. Months. Days. If less than 1 day									
Hours. Minutes									
OCCUPATION									
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Perkins Institute									
10 Date deceased last worked at this occupation (month and year) 12-15									
11 Total time (years) spent in this occupation 20									
12 BIRTHPLACE (City) East Boston									
(State or country) Massachusetts									
PARENTS									
13 NAME OF FATHER Thomas									
14 BIRTHPLACE OF FATHER (City) St. John									
(State or country) New Brunswick									
15 MAIDEN NAME OF MOTHER Mary E. Doyle									
16 BIRTHPLACE OF MOTHER (City) East Boston									
(State or country) Massachusetts									
17 Informant Mary E. CODY									
(Address) 49 Waldemar Ave Winthrop									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
Wm. S. Childress									
(Signature of Agent of Board of Health or other)									
Health Officer									
(Official Designation)									
4/11/35									
(Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH March 31 1935									
(Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to March 31, 1935									
I last saw him alive on March 30, 1935, death is said to have occurred on the date stated above, at 9:34 a. m.									
The principal cause of death and related causes of importance in order of onset were as follows:									
Banti's disease									
Date of Onset IMPORTANT 1934									
Contributory causes of importance not related to principal cause:									
Name of operation none									
Date of operation									
What test confirmed diagnosis? Was there an autopsy? no									
20 Was disease or injury in any way related to occupation of deceased?									
If so, specify									
(Signed) J. F. O'Malley									
(Address) 49 Waldemar Ave Winthrop Date 4-1-1935									
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery (Cemetery) (City or town)									
DATE OF BURIAL April 2-1935 19									
22 NAME OF UNDERTAKER John F. O'Malley									
ADDRESS 49 Waldemar Ave Winthrop									
Received and filed APR 6 1935 19									
(Registrar)									

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or of burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

1

APP (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where some was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until these shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by a law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectile, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectile shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

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....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section, for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housewife* or *—wife* *family, cook—hold,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term *laborer*, when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication, which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30. No. 7997-c

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 56 Pleasant Park Road



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

19, 9/18

To be filed for burial
permit with Board of
Health or its Agent.

Registered No. 102

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Maria Laura De Minico

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 56 Pleasant Park Road St., Ward,

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 32 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) (State or country) Peru Mass.

13 NAME OF FATHER Charles De Minico

14 BIRTHPLACE OF FATHER (City) (State or country) Torre Orv. Arellino Italy

15 MAIDEN NAME OF MOTHER Raffaella Subitosa

16 BIRTHPLACE OF MOTHER (City) (State or country) Torre Orv. Arellino Italy

17 Informant Charles De Minico (Father) (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 4/7/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 5 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Poisoning by illuminating gas, suicidal.
(History of mental irregularity)

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (City or town) M. D. (Signature) Date 4/10/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town) Winthrop, Winthrop

DATE OF BURIAL April 7 1935

22 NAME OF UNDERTAKER Address 215 North St. Boston

Received and filed. 19

APR 10 1935

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filled for burial permit
with Board of Health
or its Agent.

Registered No. 173

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital St. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Marie Ann Le Blanc

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR

(a) Residence. No.

29 Orient Ave. St. 1 Ward E. Boston

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. / days. How long in U. S., if of foreign birth? 55 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

85

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Retired Seamstress

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Sailoring

10 Date deceased last worked at
this occupation (month and
year)

1912

11 Total time (years)
spent in this
occupation

25

12 BIRTHPLACE (City)

Arachat

(State or country)

C. B. U. S.

13 NAME OF
FATHER

Simon Le Blanc

14 BIRTHPLACE OF
FATHER (City)

Arachat

(State or country)

C. B. U. S.

15 MAIDEN NAME
OF MOTHER

Maria Boudreau

16 BIRTHPLACE OF
MOTHER (City)

Arachat

(State or country)

C. B. U. S.

17

Informant
(Address)Marie Louise Le Blanc (Sister)
29 Orient Ave. C. B.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:W. M. S. Muldresse
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April 5, 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 1, 1935, to April 5, 1935

I last saw him alive on April 5, 1935, death is said

to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance in order of onset
were as follows:Acute Pulmonary Edema
Chronic Myocarditis

Date of Onset

IMPORTANT

4/5/35

11/1/35

Contributory causes of importance not related to principal cause:

Strangulated Ventral
Hernia
Leprosy

Name of operation

Leprosy

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

Sepsis of Ichthyosis

(Signed)

(Address)

29 Orient Ave. C. B.

Date

4/5/35

M. D.

1935

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

April 8, 1935

22 NAME OF
UNDERTAKER

W. J. Kelly

ADDRESS

11 Merchants St. C. B.

Received and filed

19

APR 16 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sex, age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient a physician who is a member of the board of health, or employed by it to be the sexton for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, wealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 3.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *drill engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. A related cause, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 111 Cottage Pk. Rd. St. Ward

2 FULL NAME Emma May (Fish) Johnson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 111 Cottage Park Rd. St. Ward,

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married. (write the word)

5a If married, widowed, or divorced

HUSBAND of Arza P. Johnson (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 6 Months 4 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Jan. 1935 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Shubenacadie (State or country) Nova Scotia.

13 NAME OF FATHER Robert Fish

14 BIRTHPLACE OF FATHER (City) Unknown (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth (?)

16 BIRTHPLACE OF MOTHER (City) Unknown - (State or country)

17 Informant Arza P. Johnson (Address) 111 Cottage Pk. Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chalmers (Signature of Agent of Board of Health or other)

Health Officer 4/8/35 (Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 71

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 6 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 19 1934 to April 6 1935 last saw her alive on April 6 1935, death is said

to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage and Intestines June 1935

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Chest X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify P. B. Carter (Signed) M. D. (Address) Winthrop Mass Date April 8 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Horton's - Chittenden Vt. (Cemetery) (City or town)

DATE OF BURIAL 4/9/35 1935

22 NAME OF UNDERTAKER Charles P. Bennison ADDRESS Winthrop Mass

Received and filed APR 9 1935 19

APR 9 1935 (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectil, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectil shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....
Chap. 114, Sec. 46, G. L. as amended.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." When a more precise statement of the occupation can be secured, do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 45 Banks Street

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 715

2 FULL NAME

CARLO CIOFFI

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 45 Banks Street

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Italian

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Maria Martini

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 58

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Retired

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Candy Maker

10 Date deceased last worked at
this occupation (month and
year)

1930

11 Total time (years)
spent in this
occupation

18

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF
FATHER

Pasquale

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Italy

15 MAIDEN NAME
OF MOTHER

Marie Frizzalla

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Italy

17

Informant
(Address)

Maria Cioffi

45 Banks St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 25, 1934, to April 7, 1935

I last saw him alive on April 6, 1935, death is said

to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

2. Cancer of left lung
Tuberculosis
Heart failure
Chronic nephritis

Date of Onset

Dec 1934

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Eugene Smith

M. D.

(Address)

60 Bayview St.

Date April 5, 1935

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

St. Michaels

(Cemetery)

Boston

(City or town)

DATE OF BURIAL

April 10, 1935

19

22 NAME OF
UNDERTAKER

John H. Moley

ADDRESS

Winthrop Mass.

Received and filed

APR 9 1935

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- To be complete, an occupation return must state:
- 3.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying. A heart failure, apoplexy, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits. If there is no such board, from the clerk of the town where the body is to be buried, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L. as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Randolph notified 5-19/35

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 76
Township Winthrop or Village _____
City _____ No. Station Hospital, Fort Banks, Mass. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Dunne

(a) Residence: No. 1313 North Main St. Ward. Randolph, Massachusetts
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James D. Dunne

6. DATE OF BIRTH (month, day, and year) 1890

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
45 7

8. Trade, profession, or particular kind of work done, as Housewife
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) France
(State or country) Nancie

13. NAME Unknown Joseph E. Dahis

14. BIRTHPLACE (city or town) France
(State or country)

15. MAIDEN NAME Unknown Emily E. Frenot

16. BIRTHPLACE (city or town) France
(State or country)

Mr. James D. Dunne

17. INFORMANT (Address) 1313 North Main St. Randolph, Mass.

18. BURIAL, CREMATION, OR REMOVAL Place Central Randolph April 1935

19. UNDERTAKER (Address) John A. Allen North Street Randolph

20. FILED APR 16 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935 to April 9, 1935
or April 9, 1935

I last saw him alive on April 9, 1935; death is said to have occurred on the date stated above, at 4:29P m.

The principal cause of death and related causes of importance were as follows:

1. Embolus, cerebral, post operative, 4/5/35 following hysterectomy performed April 5, 1935.

2. Other contributory causes of importance: Fibromyoma, uterus, multiple, severe; 3. Metorrhagia, severe, duration 4 months due to #4. Anemia, secondary, severe due to #3.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. F. YARBROUG, L.S. (Jg) U.S., M. D.

(Address) Station Hospital, Ft. Banks, Mass.

Wm. D. Charles, Health Officer 4/10/35

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE FAINTLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

1 PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)
No. 461 Pleasant St., Ward



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1487

2 FULL NAME

Bernard D Newman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

461 Pleasant

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. days. How long in U. S., if of foreign birth? 65 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
OR DIVORCED

(write the word)

Married

6a If married, widowed, or divorced

Margaret B. Gillis

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

83

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Men's Clothing

10 Date deceased last worked at this occupation (month and year)

1923

11 Total time (years) spent in this occupation

22

12 BIRTHPLACE (City)

Harbour Boucher

(State or country)

U. S.

13 NAME OF FATHER

Maurice Newman

14 BIRTHPLACE OF FATHER (City)

England

(State or country)

15 MAIDEN NAME OF MOTHER

Margaret W. Donald

16 BIRTHPLACE OF MOTHER (City)

Harbour Boucher

(State or country)

U. S.

17

Informant (Address)

Mrs Margaret B Newman

Relation, if any

(wife)

461 Pleasant St., Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Gullotta

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 10 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I attended deceased from

April 1 1935 to April 10 1935

I last saw him alive on April 5 1935, death is said

to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis

arteriosclerosis

Date of Onset

IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation.....Date of.....

What test confirmed diagnosis?.....Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. J. Mahoney

(Address) 1214 1st St. Date 4/10/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Port Mulgrave U. S.

(Cemetery)

(City or town)

DATE OF BURIAL April 12 1935

22 NAME OF UNDERTAKER

W. S. Kelly

ADDRESS 11 Meridian St., E. B.

Received and filed APR 16 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed by the board of health, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a physician, by a satisfactory certificate of the attending physician, if any, as required by law, or an affidavit of the attending physician, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral home or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *Grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, as, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 75 Summit Avenue

St. Ward

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 73

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Henry Topham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 75 Summit Avenue St. Ward
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 35 yrs. X mos. X days. How long in U. S., if of foreign birth? X yrs. X mos. X days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed or divorced
HUSBAND of Mary Ellen Nicholson
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 7 Months 20 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, Letter carrier (retired)
sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, U.S. Postal Service
saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) ? 1928 11 Total time (years) spent in this occupation 40

PARENTS

12 BIRTHPLACE (City) South Boston
(State or country) Massachusetts

13 NAME OF FATHER John Topham

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Esther Bible

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant Mrs. Mary E. Topham
(Address) 75 Summit Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
M. D. Schultze
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) April 13/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 12 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19 to 19
I last saw him alive on 19, death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:
natural causes
Pneumonia
Est 1934.

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? none Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Parker M. D.
(Address) Winthrop, Mass. Date April 14 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Lynn Mass
(Cemetery) (City or town)

DATE OF BURIAL April 15, 1935

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed APR 16 1935
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or its insufficiency cannot be obtained early enough board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If death is caused by violence, the medical examiner shall not previously interfere, from one town to another within the commonwealth made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder: If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45 G. L., as amended by Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given medical care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following asphyxiation, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*opposite family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33, No. 9321-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 71 Buchanan St

St., Ward

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 73

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Augustus Fraser

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 71 Buchanan St., Ward

(Usual place of abode)

(If U. S.
War Veteran,
specify WAR)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced
HUSBAND of Ann Louise Marston
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheelwright
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Charlottetown
(State or country) Prince Edward Island

13 NAME OF FATHER Alexander Fraser

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Mary MacRay

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

17 Informant Mrs. James Brennan
(Address) 71 Buchanan St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 12 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 27, 1935, to April 12, 1935

I last saw him alive on April 11, 1935, death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of intestines
and liver

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) Charles J. Bunnell M. D.
(Address) 200 Main St, Winthrop Mass Date April 12, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL April 15 1935

22 NAME OF UNDERTAKER Charles R. Bunnison
ADDRESS Winthrop Mass

Received and filed APR 16 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating the best of his knowledge and belief the name of the deceased, the date, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, the direction of his last illness, when last seen alive by the physician, and the date of his death. . . .

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or of same cemetery, until he has received a permit from the board of health, or its agent addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, he is insufficient, a physician who is a member of the board of health, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, C. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth, until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, C. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease untraceable to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposablely due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the cause nearest to death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 3 BELLEVUE TERRACE

St., Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 80

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emily Whittle Head

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 3 Bellvue Terrace

St., Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Female

White

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Guy Head

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 96 Years 8 Months 18 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Charlestown

(State or country)

Mass.

13 NAME OF FATHER

John Whittle

14 BIRTHPLACE OF FATHER (City)

Wolboro

N. H.

(State or country)

15 MAIDEN NAME OF MOTHER

Frances Stevens

16 BIRTHPLACE OF MOTHER (City)

N. H.

(State or country)

17

Daughter Mrs. F. Swift

(Address)

3 Bellvue Terrace Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

13 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 17, 1934, to April 13, 1935

I last saw him alive on April 13, 1935, death is said

to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Chronic Valvular Heart Disease

Apr 1934

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis? Chronic Disease

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. B. Parker

M. D.

(Address) Winthrop Mass Date April 19 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Wymonings

Melrose

(Cemetery)

(City or town)

DATE OF BURIAL

April 15, 1935

19

22 NAME OF UNDERTAKER

Richard H. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed

APR 16 1935

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall not previously interfere. If such a permit for the removal of a human body, wealth cannot be obtained early enough for the purpose, the common-law of death made as above provided shall in the possession of the undertaker desiring to make such removal and in the possession of the undertaker moving, provided, that such body shall constitute a permit for such removal; which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*
He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or from its to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L. as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) **Attending physicians** will certify to such deaths only as illness from disease unrelated to any form of injury.
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
(3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier in morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 49 Circuit Road

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eva I. (Atherton) Lugin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 49 Circuit Road

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs. 10 mos.

days. How long in U. S., if of foreign birth 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George K. Lugin

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 82 Years 9 Months 28 Days If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10 Date deceased last worked at this occupation (month and year)

April, 1935

11 Total time (years)

spent in this occupation 60

12 BIRTHPLACE (City)

Southampton

(State or country)

New Brunswick

13 NAME OF FATHER

Thomas C. Atherton

14 BIRTHPLACE OF FATHER (City)

New Brunswick

(State or country)

15 MAIDEN NAME OF MOTHER

Susannah Heustis

16 BIRTHPLACE OF MOTHER (City)

New Brunswick

(State or country)

17

Informant (Address)

Willard L. McFadden

49 Circuit Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent.

81

Registered No.

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

4

13

35

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

3/19

1935

4/13

1935

I last saw him alive on 4/13 1935, death is said

to have occurred on the date stated above, at 8 P.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Pneumonia

Date of Onset
IMPORTANT
4/10/35

Contributory causes of importance not related to principal cause:

Acute Nephritis

4/14/35

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Wm. S. Childress*, M. D.(Address) *49 Circuit Rd. Winthrop* Date 4/14 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Auburn, Me

(Cemetery)

(City or town)

DATE OF BURIAL April 15,

1935

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed _____ 1935

APR 16 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, the age, the disease of which he died, the name of the decedent, his supposed cause of death, the date of death, the date of the death, the date when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously obtained, from one town to another within the commonwealth made as above provided, enough for the purpose, the certificate desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration, and transmit it to the clerk given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require. . . . *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. . . . *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose answer to Question 8 and *own home* in answer to Question 9, For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

 DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

82

1. PLACE OF DEATH

 County Suffolk State Massachusetts Registered No. _____
 Township Winthrop or Village _____ or _____
 City _____ No. Station Hospital, Port Banks St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.
2. FULL NAME Richard Elgin Bilder
 (a) Residence: No. 23 Washington St. St. _____ Ward. Ayer
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

 5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) April 14/35
 7. AGE Stillborn Years _____ Months _____ Days _____ If LESS than 1 day, ____ hrs. or ____ min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

 12. BIRTHPLACE (city or town) Winthrop
(State or country) _____

 13. NAME Delmar Vernon Bilder

 14. BIRTHPLACE (city or town) Winhall
(State or country) Vermont

 15. MAIDEN NAME Donalda Ann Jean Southwick

 16. BIRTHPLACE (city or town) Paris
(State or country) Ontario

 17. INFORMANT Mother
(Address) 23 Washington St., Ayer, Mass.

 18. BURIAL, CREMATION, OR REMOVAL
Place St. Stevens Cemetery Date April 16, 1935

 19. UNDERTAKER Port Banks
(Address) no undertaker Winthrop

 20. FILED APR 16 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (month, day, and year) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Asphyxia by cord around neck during parturition

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

 Where did Injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of Injury _____

Nature of Injury _____

24. Was disease of Injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

 (Address) Station Hospital, Port Banks, Mass.
Wm. D. Childress A.D. Apr. 15, 1935

011-8184

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
Township Winthrop or Village _____ or _____
City _____ No. Station Hospital, Fort Banks St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Richard Elgin Wilder

(a) Residence: No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years _____ Months _____ Days _____ If LESS than
1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) _____

13. NAME Delmar Vernon Wilder

14. BIRTHPLACE (city or town) Winhall
(State or country) Vermont

15. MAIDEN NAME Donalda Armijean Southwick

16. BIRTHPLACE (city or town) Paris
(State or country) Ontario

17. INFORMANT Mother
(Address) 23 Washington St., Ayer, Mass.

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 19____

19. UNDERTAKER _____
(Address) _____

20. FILED _____, 19____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Asphyxia by cord around neck during parturition

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature], M. D.

(Address) Station Hospital, Fort Banks, Mass.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hosp. Ward

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent. 83

Registered No. 2378

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary A. Ryan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 127 St. Andrew Rd. St. 1 Ward East Boston

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 5 days. How long in U. S., if of foreign birth? 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Female

White

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Joseph C. Ryan

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 68

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At Home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

None

10 Date deceased last worked at
this occupation (month and
year)

Jan 1935

11 Total time (years)
spent in this
occupation

46

12 BIRTHPLACE (City)

Kenso,

(State or country)

Nova Scotia

13 NAME OF
FATHER

William O'Brien

14 BIRTHPLACE OF
FATHER (City)

Brighton,

(State or country)

Mass.

15 MAIDEN NAME
OF MOTHER

Ann Flavin

16 BIRTHPLACE OF
MOTHER (City)

Gysboro

(State or country)

Nova Scotia

17

Informant
(Address)

Mrs. James Shanahan

127 St. Andrew Rd., East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHApril 17, 1935
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

April 16, 1935 to April 17, 1935

I last saw him alive on April 17, 1935, death is said

to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Acute Pulmonary edema 4/17/35

Contributory causes of importance not related to principal cause:

Chronic Myocarditis and
Bronchial Asthma 1/1/35

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

M. D.

1935

21 PLACE OF BURIAL,
CREMATION OR REMOVALHoly Cross, Malden
(Cemetery) (City or town.)

DATE OF BURIAL

April 22, 1935

19

22 NAME OF
BURIAL

ADDRESS

Richard Kirby
East Boston

Received and filed

19

MAY 3 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashtemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or of any member of the family of the deceased, authorized person or of any member of the family of the deceased, furnish for registration and burial the certificate of death, stating to the best of his knowledge and belief the cause of the death, the date, place, the disease of which he died, the duration of the illness, when the same was contracted, the duration of his last illness, when last seen, and by the physician or officer and the date of his death....

Gen. Laws Chap. 46, Sec. 9.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of *house* or *housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation—*what*—*none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

in dealing the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles: *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*, as *carpenters*, *carriers*, *clerks*, *advisers* and not a *clerk*. A person who sells goods should be called a

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1913
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

CLINICAL CASES OF DEATH

A physician or registered hospital medical officer shall forthwith attend the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body was buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate hereinafter provided. If there is no attending physician, or if, for the purpose, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute the undertaker removal, provided, that such body shall be returned to such removal, which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit, certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician carrying out the necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (Tentative Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by trauma (injury) (including resulting septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following infection, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAIN. WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 87 Shore Drive

St., Ward

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2378

85

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mrs. Katherine M. McKay

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 87 Shore Drive

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. days. How long in U. S., if of foreign birth? 72 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female White

MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced

Wife of Allen J. McKay

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housekeeper

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

private families

10 Date deceased last worked at
this occupation (month and
year) April 193511 Total time (years)
spent in this
occupation 2012 BIRTHPLACE (City)
(State or country) Boston,
Mass.13 NAME OF
FATHER

Francis Cavanaugh

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Bridget Moran

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Ireland

17

Informant
(Address)

Mrs. M. E. Haywood

87 Shore Drive, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/22/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHApril 19 35
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from

April 15 1935 to April 19 1935

I last saw him alive on April 19 1935, death is said

to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance in order of
onset were as follows:Date of Onset
IMPORTANT

Cerebral thrombosis

Contributory causes of importance not related to principal cause:

myocarditis

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? L

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Kirby M. D.

(Address) East Boston Date 4/20/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden
(Cemetery) (City or town)

DATE OF BURIAL April 22, 1935 19

22 NAME OF UNDERTAKER Richard Kirby

ADDRESS East Boston.

Received and filed 19

MAY 3 1935
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions. If any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent as aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit.

The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Wintthrop
(City or town making return)
Registered No. *1674*

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)
No. *16 Adams St* St., Ward {

2 FULL NAME

Ellen F. Griffin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

86

(a) Residence. No. *16 Adams* St., Ward,

Length of residence in city or town where death occurred *20* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Single* (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *66* Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired* 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Milliner* 10 Date deceased last worked at this occupation (month and year) *1925* 11 Total time (years) spent in this occupation *25 yrs*

12 BIRTHPLACE (City) *Boston* (State or country) *Mass*

13 NAME OF FATHER *Michael Griffin*

14 BIRTHPLACE OF FATHER (City) *Ireland* (State or country)

15 MAIDEN NAME OF MOTHER *Catherine Sullivan*

16 BIRTHPLACE OF MOTHER (City) *Ireland* (State or country)

17 Informant (Address) *Mrs. Mary Moran 16 Adams St. Wintthrop, Mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) *4/23/35*
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 20 1935*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Nov 27*, 19*4*, to *April 20*, 19*35*

I last saw h*er* alive on *April 20*, 19*35*, death is said to have occurred on the date stated above, at *10:30* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Gangrene of foot (right) *11/2/34*

Contributory causes of importance not related to principal cause:

Diabetes mellitus

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify *Heart attack* (Signed) *Wm. D. Childress* M. D. (Address) *200, Pearl St.* Date *4/22 1935*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Calvary Boston* (City or town)

DATE OF BURIAL *April 23, 1935* 19

22 NAME OF UNDERTAKER *Agnes P. Sullivan* ADDRESS *185 Pearl St. Wintthrop, Mass*

Received and filed *MAY 3 1935* 19

A TRUE COPY, ATTEST: (Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife*. In answer to Question 8 and *own home* in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*held*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," mill, etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, and shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon its permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Postnecropsy: If primary cause, write the word "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

PLACE OF DEATH

SUF. FOLK

(County)

WINTHROP

(City or Town)

No. 10 ORLANDO AVE.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 87

2 FULL NAME ROBERT WHITNEY FRANKLIN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 10 ORLANDO AVE.

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

MALE

4 COLOR OR RACE

WHITE

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

MARRIED

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

APRIL

(Month)

21

(Day)

35

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

October 18, 1934, to April 21, 1935

I last saw him alive on April 21, 1935, death is said

to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Subacute Bacterial Endocarditis

Date of Onset

Oct.

1934

Contributory causes of importance not related to principal cause:

Pulmonary Embolus 4/21/35

Name of operation. none Date of

What test confirmed diagnosis. chest x-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob Abraham M. D.

(Address) 547 S. State St. Date 4/23/1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL WINTHROP WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL APRIL 24 35 19

22 NAME OF UNDERTAKER RICHARD H. WHITE

ADDRESS WINTHROP MASS.

Received and filed Oct 9 1935 19

A TRUE COPY, ATTEST:

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/23/35

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the date of death, the cause of death, the date of the death, the place where the disease of which he died, defined as required by section one, here was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc.—Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body or the ashes of the body are to be buried, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

...He shall in all cases certify to the name and residence, if known; the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the name and residence, if known; the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the name and residence, if known; the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Quincy

(City or town making return)

253

Registered No.

PLACE OF DEATH

Norfolk

(County)

Quincy

(City or Town)

No. 81 Campbell

St., 4 Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary Ellen Goldthwaite (Phillips)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 10 Underhill

(Usual place of abode)

St., Ward, Winthrop, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 7 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Horace T. Goldthwaite

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years 1 Months - Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. -- 10 Date deceased last worked at this occupation (month and year) 4-23-35 11 Total time (years) spent in this occupation. --

12 BIRTHPLACE (City) (State or country) Nova Scotia

13 NAME OF FATHER Stephen Phillips

14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Annie MacIntosh

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant Horace T. Goldthwaite (Address) 10 Underhill St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

E. B. FitzGerald, M. D.

(Signature of Agent of Board of Health or other)

Comm. 4-25-35

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF April 23, 1935

DEATH

(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Otitis media March 11

Broncho pneumonia " 16

Pleurisy with effusion-March 19

Acute cardiac dilatation-pr. 23

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide? Date of injury 19

Where did injury occur? (City or town and State)

Manner of Injury Nature of Injury No No

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Fred E. Jones (Signed) Quincy, Mass. 4-24-35 M. D. (Address) Date 19

22 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove-Dorchester

(City or town)

DATE OF BURIAL April 26, 1935

NAME OF UNDERTAKER B. A. Russell Quincy, Mass.

ADDRESS

April 27, 1935

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every entry should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Fort Banks, Winthrop, Mass. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 892 FULL NAME Bettina (Rosenbaum) Kelly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)(a) Residence. No. Fort Banks, Winthrop, Mass. St. Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. — mos. — days. How long in U. S., if of foreign birth? 46 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John Kelly

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 61Years 2Months Days

If less than 1 day

— Hours — Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housekeeper

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

At home

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Frankfort, Germany

(State or country)

13 NAME OF
FATHER

Sigfried Rosebaum

14 BIRTHPLACE OF
FATHER (City)

Frankfort, Germany

(State or country)

15 MAIDEN NAME
OF MOTHER

Bertha Yoel

16 BIRTHPLACE OF
MOTHER (City)

Weilburg, Alsace Lorraine

(State or country)

Germany

17

Informant
(Address)Mrs. Paul L. Freeman
Fort Banks, Mass.

Relation, if any

(SISTER)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April

23

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 6, 1934, to April 23, 1935

I last saw her alive on April 23, 1935 death is said

to have occurred on the date stated above, at 12:04 PM

The principal cause of death and related causes of importance in order of onset
were as follows:1. Carcinoma, scirrhus, mammary
gland, left with metastasis axillary
glands.2. Carcinoma, metastatic to
lungs.

Contributory causes of importance not related to principal cause:

Date of Onset
IMPORTANT

1/1/34

2/5/35

radical

Name of operation Mastectomy, left, / Date of Aug 7/34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

J. D. YARBROUGH, D.
Fort Banks, Mass. Date Apr 23, 193521 PLACE OF BURIAL,
CREMATION OR REMOVAL Halcottville, N. Y.

(Cemetery)

(City or town)

DATE OF BURIAL April 25,

1935

22 NAME OF
UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed

APR 3 1935

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death, as related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item on this form should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34, No. 2938-f

PLACE OF DEATH
1

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Port Banks, Winthrop, Mass. St. Ward

2 FULL NAME TENA KELLY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Port Banks, Winthrop, Mass. St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. - mos. - days. How long in U. S., if of foreign birth? 46 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John Kelly (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 61 Years 2 Months - Days - Hours - Minutes

If less than 1 day

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Frankfort, Germany (State or country)

13 NAME OF FATHER

Sigfried Rosenbaum

14 BIRTHPLACE OF FATHER (City)

Frankfort, Germany

(State or country)

15 MAIDEN NAME OF MOTHER

Bertha Yoel

16 BIRTHPLACE OF MOTHER (City)

Weilburg, Alsace Lorraine

(State or country)

Germany

17

Informant

(Address) Mrs. Paul L. Freeman Port Banks, Mass.

Relation, if any

(SISTER)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April

23

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from August 6, 1934, to April 23, 1935.

I last saw her alive on April 23, 1935, death is said

to have occurred on the date stated above, at 12:04 PM

The principal cause of death and related causes of importance in order of onset were as follows:

1. Carcinoma, scirrhus, mammary gland, left with metastasis axillary glands.

Date of Onset

IMPORTANT

2. Carcinoma, metastatic to lungs.

1/1/34

2/5/35

Contributory causes of importance not related to principal cause:

radical

Name of operation Mastectomy, left. Date of Aug 7/34
What test confirmed diagnosis? Biopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

J. D. Y. REED, D. (Address) Port Banks, Mass. Date Apr 23, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed APR 23 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, a physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as to the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall, hereafter, furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 43, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases, entry to the town clerk or registrar in the place where the deceased resided his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease-unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. Sta. Hosp. Ft. Banks, Mass. St. Ward

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 50

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME GERALD SEBASTIAN MAC INTOSH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 52 Summit Ave. St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred — yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE — Years — Months — Days 3 Hours 56 Minutes (If less than 1 day)

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop, Massachusetts. (State or country)

13 NAME OF FATHER GERALD SEBASTIAN MAC INTOSH

14 BIRTHPLACE OF FATHER (City) Nova Scotia, Canada (State or country)

15 MAIDEN NAME OF MOTHER Lillian Elizabeth Oakes

16 BIRTHPLACE OF MOTHER (City) Boston, Massachusetts. (State or country)

17 Informant Lillian E. Mac Intosh (Mother) (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/25/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 24 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 24, 1935, to April 24, 1935

I last saw him alive on April 24, 1935, death is said

to have occurred on the date stated above, at 4:46 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Premature birth: 6½ months period of gestation.

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. D. YARBROUGH, M. D. (Address) Sta. Hosp. Ft. Banks, Mass. Date Apr 24, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL April 23 1935

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop

Received and filed April 23 1935

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gradually employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or, in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen, for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....
Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice: will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-f

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Sta. Hosp. Pt. Banks, Mass.

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

2 FULL NAME GERALD SEBASTIAN MAC INTOSH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single
---------------	--------------------------	---

(write the word)

5a If married, widowed, or divorced

HUSBAND of
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days Less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop, Massachusetts.
(State or country)

13 NAME OF FATHER GERALD SEBASTIAN MAC INTOSH

14 BIRTHPLACE OF FATHER (City) Nova Scotia, Canada
(State or country)

15 MAIDEN NAME OF MOTHER Lillian Elizabeth Oakes

16 BIRTHPLACE OF MOTHER (City) Boston, Massachusetts.
(State or country)17 Lillian E. Mac Intosh (Mother)
Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 24 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 24, 1935, to April 24, 1935

I last saw him alive on April 24, 1935, death is said

to have occurred on the date stated above, at 4:46 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANT

Premature birth; 6 months period of gestation.

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) J. D. YARBROUGH, M. D.
(Address) Sta. Hosp. Pt. Banks, Mass. Date Apr 24, 193521 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed 19

(Registrar)

APR 25 1935

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as *employee*, *worker*, *operative*, etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as *store*, *factory*, *mill*, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The reason to whom the permit is so given and the physician certifying the cause of death shall, thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45; G. L., (Tercentenary Edition)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*
"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as far as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

1 PLACE OF DEATH

Suffolk
(County)

Community Hospital
(City or Town)

No. *Winthrop* St., *Ward*

2 FULL NAME *Walter Wade Battis*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *35 Somerset* St., *Ward*
(Usual place of abode)

Length of residence in city or town where death occurred *40* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Widower*
(write the word)

6a If married, widowed, or divorced HUSBAND of *Myrtle Elizabeth Battis*
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *69* Years *4* Months *19* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Shoe & Hat Store, Magazine*
10 Date deceased last worked at this occupation (month and year) *4/16/35* 11 Total time (years) spent in this occupation *20 1/2*

12 BIRTHPLACE (City) *East Boston*
(State or country) *Mass*

13 NAME OF FATHER *George R. W. Battis*

14 BIRTHPLACE OF FATHER (City) *East Boston*
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Henrietta Waterhouse*
Fredson

16 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country) *Mass*

17 Informant *Geo. H. Battis - medical man*
(Address) *23 Woodlawn St.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Phillips, Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *4/27/35* (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. *91*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 24 1935*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *April 17 1935* to *April 24 1935*

I last saw him alive on *April 24 1935*, death is said to have occurred on the date stated above, at *10:40 p.m.*

The principal cause of death and related causes of importance in order of onset were as follows:

Broncho-pneumonia Date of Onset *April 1935*

Contributory causes of importance not related to principal cause: *Bronchial asthma 1930.*

Name of operation *none* Date of *none*
What test confirmed diagnosis *clinical* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *Jacob Abrams* M. D.
(Address) *662 Stanley St.* Date *4/27/35*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop*
(Cemetery) (City or town)

DATE OF BURIAL *4/28/35* 19

22 NAME OF UNDERTAKER *W. A. Bennett*

ADDRESS *Winthrop Mass*

Received and filed *1935* 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the clerk of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient for a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic causes (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." Use a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....
.....
.....
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 PLACE OF DEATH	Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 92	
	No. 64 Prospect Ave.			(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Lewis C. Briggs (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 64 Prospect St.		St.,		Ward, Winthrop (If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX M	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)			
5a If married, widowed, or divorced Mary Menx HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here					
7 AGE 70 Years 2 Months 4 Days		If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Financier				
	10 Date deceased last worked at this occupation (month and year) 9 yrs. ago 11 Total time (years) spent in this occupation 20				
12 BIRTHPLACE (City) Walpole (State or country) mass.					
PARENTS	13 NAME OF FATHER Horace E.				
	14 BIRTHPLACE OF FATHER (City) N.Y. State (State or country)				
	15 MAIDEN NAME OF MOTHER Mary Smith				
	16 BIRTHPLACE OF MOTHER (City) Farmington, Maine (State or country)				
17 Informant Mary Briggs (wife) (Address) 64 Prospect St Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 4/29/35					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH April 28 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from March 23 to April 28, 1935 I last saw him alive on April 27, 1935, death is said to have occurred on the date stated above, at 7:45 A.M. The principal cause of death and related causes of importance in order of onset were as follows: Cerebral Hemorrhage March 23 1928 Date of Onset IMPORTANT					
Contributory causes of importance not related to principal cause: Thrombosis due to chronic interstitial nephritis April 20 1935					
Name of operation: none Date of What test confirmed diagnosis: clinical lab. Was there an autopsy? no					
20 Was disease or injury in any way related to occupation of deceased? If so, specify Jacob A. Abrams M. D. (Signed) 562 Shirley St. Date 4/29/35 (Address) Winthrop					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Rural Cemetery Walpole (Cemetery) (City or town)					
DATE OF BURIAL April 29 1935 19					
22 NAME OF UNDERTAKER W. H. Graham Corp. ADDRESS 1770 Washington St. Boston					
Received and filed MAY 3 1935 19 (Registrar)					

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *wheelwright*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the names of the deceased, his supposed age, the disease of which he died defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a tomb, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died, and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	PLACE OF DEATH Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH			
	No. 87 Pleasant St., Ward {	(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Annie Elizabeth (Gillaspie) Lane (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)		Registered No. 93	
(a) Residence. No. 87 Pleasant St., Ward,		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred 2 yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Married	(write the word)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Raymond J. Lane (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 32 Years x Months 11 Days If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home				
	10 Date deceased last worked at this occupation (month and year) May, 1934 11 Total time (years) spent in this occupation 10				
12 BIRTHPLACE (City) East Boston (State or country) Massachusetts					
PARENTS	13 NAME OF FATHER John B. Gillespie				
	14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts				
	15 MAIDEN NAME OF MOTHER Hattie M. White				
	16 BIRTHPLACE OF MOTHER (City) Sussex (State or country) New Brunswick				
17 Informant Raymond J. Lane (Address) 44 G St., South Boston Mass					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress, Jr. (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 4/29/35					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH April 28 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to April 28, 1935. I last saw him alive on April 28, 1935, death is said to have occurred on the date stated above, at 5:45 P. M. The principal cause of death and related causes of importance in order of onset were as follows: Pulmonary Tuberculosis 1932 Contributory causes of importance not related to principal cause: Name of operation none Date of operation none What test confirmed diagnosis clinical test Was there an autopsy? no					
20 Was disease or injury in any way related to occupation of deceased? no If so, specify Jacob Abrams, M. D. (Signed) 132 Shirley St. Date 4/29/35 (Address) Winthrop					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL May 1, 1935					
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass					
Received and filed MAY 3 1935 19 (Registrar)					

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Example

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

To be complete, an occupation return must state:
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *city engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term *laborer*, when a more precise statement of the occupation can be secured. Do not use the word, *mechanic*, but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *tailor merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **2378**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 33 Tileston Rd. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Charles A. Randolph**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **33 Tileston Rd.** St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **5** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Single** (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **66** Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stage Manager**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) **April 1935** 11 Total time (years) spent in this occupation **20**

12 BIRTHPLACE (City) **Manchester,** (State or country) **New Plainfield, N.J.**

13 NAME OF FATHER **William Randolph**

14 BIRTHPLACE OF FATHER (City) **England** (State or country)

15 MAIDEN NAME OF MOTHER **Frances Arnoldi**

16 BIRTHPLACE OF MOTHER (City) **Montreal,** (State or country) **Quebec**

17 Informant **James Sargent, Friend** (Address) **33 Tileston Rd., Winthrop**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **4** (Month) **29** (Day) **35** (Year)

19 I HEREBY CERTIFY, That I attended deceased from **4/29**, 19**35**.
I last saw him alive on **4/28**, 19**35**, death is said to have occurred on the date stated above, at **3:30** p.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Angina Pectoris
Contributory causes of importance not related to principal cause:
chronic asthma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) **James Sargent**, M. D.
(Address) **Winthrop** Date **19**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Holy Cross, Malden** (Cemetery) (City or town)

DATE OF BURIAL **May 2, 1935** 19

22 NAME OF UNDERTAKER **Richard Kirby**
ADDRESS **East Boston**

Received and filed **19**
MAY 3 1935 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **5/1/35** (Date of Issue of Permit)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAW OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, and the date and place of death, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, and the board of health or its agent, upon receipt of such statement and certificate, shall forthwith certify it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 469, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or at *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 25

1 PLACE OF DEATH
(County)
(City or Town)
No. Miami Beach, Florida St. 1 Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Harmon Wise
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 58 Summit Ave. Ward, Wintthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Married (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Sadie Sandler
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Ice Cream Man
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Fin himself
10 Date deceased last worked at
this occupation (month and
year) Feb 1934 11 Total time (years)
spent in this occupation 40 yrs

12 BIRTHPLACE (City)
(State or country) Russia

13 NAME OF
FATHER Morton Wise

14 BIRTHPLACE OF
FATHER (City)
(State or country) Russia

15 MAIDEN NAME
OF MOTHER Caroline Leary

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Russia

17 Informant Joseph Wise (son)
(Address) 58 Summit Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

ADRIAN E. CHAMPTON

Signature of Agent of Board of Health or other

BOSTON HEALTH DEPT.

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Feb 9 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw him alive on....., 19....., death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of
onset were as follows:

(Cannot secure further
information)

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....
(Signed)....., M. D.
(Address)..... Date..... 19.....

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Wintthrop Cem. East
(Cemetery) (City or town)

DATE OF BURIAL Feb 12 1935 19.....

22 NAME OF
UNDERTAKER Samuel Stewitzky
ADDRESS 63 Quincy St. Boston

Received and filed MAR 1935 19.....

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*grande famille*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *vital merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or the agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice which will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physician** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatic injury (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

PLACE OF DEATH		1	
Winthrop, Mass.		(City or Town)	
No. Station Hospital, Ft. Banks, Mass.		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		THOMAS ERWIN SHUPE	
(If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No. 70 West Main		St. Ward, Ayer	
(Usual place of abode)		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred yrs. mos. days		How long in U. S., if of foreign birth? = yrs. = mos. = days.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)	
Male	W	MARRIED -	
6a If married, widowed, or divorced			
HUSBAND of (Give maiden name of wife in full)			
(or) WIFE of (Husband's name in full)			
6 IF STILLBORN, enter that fact here Stillborn			
7 AGE - Years - Months - Days If less than 1 day - Hours - Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10 Date deceased last worked at this occupation (month and year)			
11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) Winthrop, Mass. (State or country)			
13 NAME OF FATHER Corp. Arthur R. Shupe, Hq., Co. Arthur R. Shupe 13th Infantry			
14 BIRTHPLACE OF FATHER (City) Rose Hill, Virginia (State or country)			
15 MAIDEN NAME OF MOTHER Florence E. Luddington			
16 BIRTHPLACE OF MOTHER (City) Ayer, Massachusetts. (State or country)			
17 Informant Florence E. Shupe (Address)			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			
(Signature of Agent of Board of Health or other)			
(Official Designation) (Date of Issue of Permit)			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH April 19, 1935 (Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from 19 to 19, death is said to have occurred on the date stated above, at 3:40 A. M. The principal cause of death and related causes of importance in order of onset were as follows: Intrauterine accident, asphyxia by cord around neck before parturition with some maceration of fetus, generalized. Date of Onset 4/			
Contributory causes of importance not related to principal cause: Fetal movements and heart sounds ceased on April 13, 1935. 4/			
Name of operation none Date of -			
What test confirmed diagnosis? Was there an autopsy?			
20 Was disease or injury in any way related to occupation of deceased? If so, specify J. D. YARBROUGH, M. D. (Signed) (Address) Sta. Hosp. Ft. Banks, Mass. Date 4/19/19			
21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)			
DATE OF BURIAL 19			
22 NAME OF UNDERTAKER ADDRESS			
Received and filed 19			
(Registrar)			

A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a blank and certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 3.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians.** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of health physicians.** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-4

PLACE OF DEATH

Suffolk

(County)

WINTHROP

(City or Town)

No. 187 Shore Drive

St. Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 97

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Michelina Santarpio

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 187 Shore Drive

(Usual place of abode)

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Frank Santarpio

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 67

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

house work

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

at home

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country) Italy

13 NAME OF
FATHER

Luigi Fierro

14 BIRTHPLACE OF
FATHER (City)

(State or country) Italy

15 MAIDEN NAME
OF MOTHER

Maria Barbato

16 BIRTHPLACE OF
MOTHER (City)

(State or country) Italy

17

Informant
(Address)Frank Santarpio
187 Shore Drive Wintrop

Relation, if any

(husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 2 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

March 19 1935, to May 2 1935

I last saw him alive on May 1 1935, death is said

to have occurred on the date stated above, at 6:44 a.m.

The principal cause of death and related causes of importance in order of onset
were as follows:

Chronic myocarditis

Date of Onset
IMPORTANT

1932

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

P. C. Santarpio M. D.

(Address) 238 Newbury St. Date May 3 1935

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL May 7 1935

22 NAME OF
UNDERTAKER Robert Santarpio

ADDRESS 9 Chelsea St. E. Boston.

Received and filed May 3 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If death is caused by the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six of the United States in any war in the army, navy or marine corps of the United States upon the permit which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *road mechanics and wholesale mechanics.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Atherosclerosis

Date of onset

1913

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 93

1 PLACE OF DEATH {
SUE FOLK (County)
WINTHROP (City or Town)
No. 84 HERMON ST. St. Ward
(If deceased in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ROBERT ANNIS
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 84 HERMON ST St. Ward
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth 60 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX MALE 4 COLOR OR RACE WHITE 5 SINGLE WIDOWED (write the word)
or MARRIED or DIVORCED

5a If married, widowed, or divorced HUSBAND of ALICE SMITH
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years 5 Months 15 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. IRON MOULDER
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. FOUNDRY
10 Date deceased last worked at this occupation (month and year) 1935 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) VALLEY FALLS
(State or country) NOVA SCOTIA

13 NAME OF FATHER BEN JAMIN ANNIS

14 BIRTHPLACE OF FATHER (City) ENGLAND
(State or country)

15 MAIDEN NAME OF MOTHER NOT KNOWN

16 BIRTHPLACE OF MOTHER (City) NOT KNOWN
(State or country)

17 Informant SON FRANK C. ANNIS
(Address) 84 HERMON ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)

May 4th 1935
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH MAY 2 35
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 30, 1935 to May 2, 1935
I last saw him alive on May 2, 1935, death is said to have occurred on the date stated above, at 4:30 P.
The principal cause of death and related causes of importance in order of onset were as follows:

Bronchial Asthma
Chronic Myocarditis Date of Onset 1905
IMPORTANT

Contributory causes of importance not related to principal cause:
Branchopneumonia Apr. 30, 1935
Pulmonary Edema May 2, 1935

Name of operation Pyelo Gram Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Samuel B. Goldberg, M. D.
(Signed) 270 Shirley St. Date May 4, 1935
(Address) W. Mills

21 PLACE OF BURIAL, CREMATION OR REMOVAL MT. HOPE BOSTON
(Cemetery) (City or town)

DATE OF BURIAL MAY 5 35 19

22 NAME OF UNDERTAKER RICHARD H. WHITE
ADDRESS 147 WINTHROP ST. WINTHROP

Received and filed MAY 7 1935 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *road mechanics and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed date of birth, the date of which he died, defined as required by section one, where same has contracted the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits; or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the town, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 43, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, and if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE


The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (fractures resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **found dead**, and those of persons **found dead**.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-g

1	PLACE OF DEATH	SUFFOLK (County) BOSTON (City or Town)	 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	BOSTON (City or town making return)
		STANDARD CERTIFICATE OF DEATH	Registered No. 4306	
		No. Beth Israel Hospital - St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	{ (If U. S. War Veteran, specify WAR) 99	
		2 FULL NAME Andrew Doig (If deceased is a married, widowed or divorced woman, give also maiden name.)		
		(a) Residence. No. 103 Highland Ave St., Ward , Winthrop (Usual place of abode) (If nonresident, give city or town and state)		
		Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX M	4 COLOR OR RACE W	5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED single		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE 59 Years 10 Months 17 Days If less than 1 day _____ Hours _____ Minutes				
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house plasterer 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____			
12 BIRTHPLACE (City) _____ (State or country) Scotland				
PARENTS	13 NAME OF FATHER Andrew Doig 14 BIRTHPLACE OF FATHER (City) _____ (State or country) Scotland 15 MAIDEN NAME OF MOTHER Jane Gray 16 BIRTHPLACE OF MOTHER (City) _____ (State or country) Scotland			
17 Informant (Address) Bro Thomas G				
A TRUE COPY. <i>Nelda Hedstrom Quirk</i>				
ATTEST: _____ (Registrar of city or town where death occurred)				
DATE FILED May 6 19 35				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH May 2 19 35 (Month) (Day) (Year)				
19 I HEREBY CERTIFY, That I attended deceased from May 1 19 35 , to May 2 19 35 . I last saw him alive on May 2 19 35 , death is said to have occurred on the date stated above, at 7 A m. The principal cause of death and related causes of importance in order of onset were as follows:				
				Date of onset!
cardiac failure				2 wks
coronary thrombosis				4 wks
Contributory causes of importance not related to principal cause:				
generalized arterio sclerosis				
Name of operation _____ Date of _____				
What test confirmed diagnosis? _____ Was there an autopsy? yes				
20 Was disease or injury in any way related to occupation of deceased? _____				
If so, specify A A Weinstein M. D. (Signed) Boston (Address) Date 5/2/ 19 35				
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)				
DATE OF BURIAL May 5 19 35				
22 NAME OF UNDERTAKER C R Bennison ADDRESS Winthrop				
Received and filed JUN 8 19 35 (Registrar of City or Town where deceased resided)				

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Suffolk
(County)

Winthrop
(City or Town)

No. **106** **Washington Ave** St. **Ward**

1 PLACE OF DEATH

2 FULL NAME **Hugh William Roberts**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence. No. 106 Washington Ave.** St. **Ward**
(Usual place of abode)

Length of residence in city or town where death occurred **48** yrs. mos. days. How long in U. S., if of foreign birth? **55** yrs. mos. days.

(If U. S. War Veteran, specify WAR)

Registered No. **100**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** **4 COLOR OR RACE** **White** **5 SINGLE MARRIED WIDOWED OR DIVORCED** **Married** (write the word)

6a If married, widowed, or divorced **HUSBAND of Mary Theresa Cunningham**
(Give maiden name of wife in full)

(or) **WIFE of** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **65** Years **11** Months **23** Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Contractor (mason)**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Buildings**

10 Date deceased last worked at this occupation (month and year) **Feb. 1935** **11** Total time (years) spent in this occupation **20**

12 BIRTHPLACE (City) **Liverpool**
(State or country) **England**

13 NAME OF FATHER **Hugh W. Roberts**

14 BIRTHPLACE OF FATHER (City) **Liverpool**
(State or country) **England**

15 MAIDEN NAME OF MOTHER **Mary Reis**

16 BIRTHPLACE OF MOTHER (City) **Liverpool**
(State or country) **England**

17 **Mrs. Mary T. Roberts**
(Address) **106 Washington Ave. Winthrop**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 3** **1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **February 20** **1935**, to **May 3** **1935**
I last saw him alive on **May 3** **1935**, death is said to have occurred on the date stated above, at **6:45 P. M.**
The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Stomach **Sept 1934**

Contributory causes of importance not related to principal cause:
none

Name of operation **none** Date of **none**
What test confirmed diagnosis **Clinical Signs** Was there an autopsy **no**

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **no**
(Signed) **J. J. O'Brien** M. D.
(Address) **78 Wash Ave. Winthrop** Date **May 1935**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**
(Cemetery) (City or town)

DATE OF BURIAL **May 6** **1935**

22 NAME OF UNDERTAKER **Charles R. Bennison**
ADDRESS **Winthrop Mass**

Received and filed **19****MAY 7 1935** (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit)
5/6/35

Revised Uniform States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *city engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board or from the clerk of the town where the person died, and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 414, Sec. 43, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths suppressible due to injury. These include not only deaths caused directly or indirectly by traumatic forces (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50-m-9-'31. No. 3385-g

1	PLACE OF DEATH	SUFFOLK (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (City or town making return)	
		BOSTON (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 4377	
No. Children's Hospital		St.,		Ward		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Samuel J		Devlin 3d		{ (If U. S. War Veteran, specify WAR) 101	
(a) Residence. No. 26 Beacon		St.,		Ward, Winthrop		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.		mos.		days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)					
M	W	MARRIED WIDOWED or DIVORCED single					
5a If married, widowed, or divorced							
HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE 9 Years 11 Months 2 Days If less than 1 day Hours Minutes							
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at school						
	10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation						
12 BIRTHPLACE (City) Winthrop Mass (State or country)							
PARENTS	13 NAME OF FATHER Samuel J Devlin Jr						
	14 BIRTHPLACE OF FATHER (City) Roxbury (State or country)						
	15 MAIDEN NAME OF MOTHER Gertrude C Hynes						
	16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country)						
17 Informant (Address) Father							
A TRUE COPY. <i>Attest: Hedetom Quirk</i>							
ATTEST: (Registrar of city or town where death occurred) May 8 1935							
DATE FILED May 8 1935							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH May 4 1935 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from April 27 1935, to May 4 1935. I last saw him alive on May 4 1935, death is said to have occurred on the date stated above, at 8:43 A.M.							
The principal cause of death and related causes of importance in order of onset were as follows: tuberculous meningitis 4/1/35							
Contributory causes of importance not related to principal cause: broncho pneumonia (secondary) 5/1/35							
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy? yes							
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) B. W. Carey Jr M. D. (Address) Boston Date 5/4/ 1935							
21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Boston (Cemetery) (City or town) DATE OF BURIAL May 7 1935							
22 NAME OF UNDERTAKER R. C. Kirby ADDRESS Boston							
Received and filed JUN 8 1935 1935							
(Registrar of City or Town where deceased resided)							



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-12-34, No. 2938-f

Reverse 6/7/35

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 102

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Guide
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Winthrop Beach Parkway, Ward, Revere
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Single	18 DATE OF DEATH May. 5. 1935 (Month) (Day) (Year)	19 I HEREBY CERTIFY That I attended deceased from May 5, 1935, to May 5, 1935. I last saw him alive on May 5, 1935, death is said to have occurred on the date stated above, at 11:15 P. M. The principal cause of death and related causes of importance in order of onset were as follows: Still born. Contributory causes of importance not related to principal cause: Breech delivery. Name of operation: Date of: What test confirmed diagnosis? Was there an autopsy? 20 Was disease or injury in any way related to occupation of deceased? If so, specify: George W. Thurnau, M. D. (Signed) 19 June 1935 Date 1935 (Address) 559 Saratoga St. E. D. B. 21 PLACE OF BURIAL, CREMATION OR REMOVAL Garden, Chelsea (Cemetery) (City or town) DATE OF BURIAL May 11, 1935 22 NAME OF UNDERTAKER William A. Treanor ADDRESS 559 Saratoga St. E. D. B. Received and filed MAY 14 1935 19 (Registrar)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) 6 IF STILLBORN, enter that fact here. Stillborn.			11 Total time (years) spent in this occupation.		
7 AGE Years Months Days If less than 1 day Hours Minutes 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year)			11 Total time (years) spent in this occupation.		
12 BIRTHPLACE (City) Winthrop, Mass. (State or country)			13 NAME OF FATHER Anton Guide 14 BIRTHPLACE OF FATHER (City) Italy (State or country)		
15 MAIDEN NAME OF MOTHER Antonette Brontanpo. 16 BIRTHPLACE OF MOTHER (City) Vermont (State or country)			17 Informant Anton Guide (Address) 78 Winthrop Beach Parkway Revere Relation, if any (Father)		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. A. Treanor (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) 6/9/35					

100m-12-12-34, No. 2938-f

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall not previously interfere, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (Tentative Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915.....
<i>Chronic interstitial nephritis</i>	1921.....
<i>Cerebral hemorrhage</i>	July 5, 1927.....
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30, No. 7997-g

Boston 6/17/35
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.
Registered No. *103*

1 PLACE OF DEATH
Suffolk County
Boston Harbor (City or Town)
No. *101 at Winthrop* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Francesco Cocco*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. *159 Cottage St. E.B.* St., Ward,
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED or DIVORCED <i>Married</i> (write the word)	18 DATE OF DEATH <i>May 5 1935</i> (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of <i>Maria Tremonte</i> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <i>Drowning under circumstances unknown</i> <i>(Found afloat in tide water)</i>		
6 IF STILLBORN, enter that fact here.					
7 AGE <i>40</i> Years Months Days If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>E. R. G.</i>				
10 Date deceased last worked at this occupation (month and year) <i>May 4 - 1935</i>		11 Total time (years) spent in this occupation. <i>1 year</i>			
12 BIRTHPLACE (City) (State or country) <i>Italy</i>					
13 NAME OF FATHER <i>Antonio Cocco</i>					
14 BIRTHPLACE OF FATHER (City) (State or country) <i>Italy</i>					
15 MAIDEN NAME OF MOTHER <i>Diodora Palumbo</i>					
16 BIRTHPLACE OF MOTHER (City) (State or country) <i>Italy</i>					
17 Informant <i>Maria Cocco (wife)</i> (Address) <i>159 Cottage St. E.B. Boston</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>ADRIAN E. CRAMPTON</i> (Signature of Agent of Board of Health or other) <i>MAY 31 1935</i> BOSTON HEALTH DEPT. (Official Designation) <i>1374</i> (Date of Issue of Permit)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) <i>John Bryan Smith</i> , M. D. (Address) <i>159 Cottage St. E.B. Boston</i> Date <i>30 1935</i>			21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>St. Michael Boston</i> (Cemetery) (City or town)		
22 NAME OF UNDERTAKER <i>Betsy Papino</i> ADDRESS <i>9 Cheldea St. E.B. Boston</i>			DATE OF BURIAL <i>June 1 1935</i>		
Received and filed <i>JUN 4 1935</i> 19 (Registrar)					

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)


NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-g

1 PLACE OF DEATH		SUFFOLK (County)				BOSTON (City or town making return)	
		BOSTON (City or Town)		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registered No. 4402	
		No. Mass Memorial Hospital		St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Greenstein					
		(If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No.		187 Shore Drive		St.,		Ward, Winthrop	
		(Usual place of abode)				(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.		mos.		days.	
How long in U. S., if of foreign birth?		yrs.		mos.		days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX M		4 COLOR OR RACE W		5 SINGLE (write the word) single			
5a If married, widowed, or divorced		HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of		(Husband's name in full)					
6 IF STILLBORN, enter that fact here.							
7 AGE		Years		Months		Days	
						If less than 1 day 6 Hours Minutes	
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10 Date deceased last worked at this occupation (month and year)					
		11 Total time (years) spent in this occupation					
12 BIRTHPLACE (City) Boston (State or country)							
13 NAME OF FATHER Edward A Greenstein							
14 BIRTHPLACE OF FATHER (City) Russia (State or country)							
15 MAIDEN NAME OF MOTHER Sally Cohen							
16 BIRTHPLACE OF MOTHER (City) East Boston (State or country)							
17 Informant Mother (Address)							
A TRUE COPY. <i>Kilda Hedstrom Quirk</i>							
ATTEST: (Registrar of city or town where death occurred)							
DATE FILED May 9 1935							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH May 6 1935 (Month) (Day) (Year)							
19 I HEREBY CERTIFY. That I attended deceased from May 6 1935 to May 6 1935							
I last saw him alive on May 6 1935 , death is said to have occurred on the date stated above, at 1.45 P.m.							
The principal cause of death and related causes of importance in order of onset were as follows:							
prematurity (6 mos)							
Contributory causes of importance not related to principal cause:							
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy? no							
20 Was disease or injury in any way related to occupation of deceased?							
If so, specify (Signed) C A Powell M. D.							
(Address) Boston Date 5/6/ 1935							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Joseph Woburn (Cemetery) (City or town)							
DATE OF BURIAL May 8 1935							
22 NAME OF UNDERTAKER M Stanetsky							
ADDRESS Boston							
Received and filed JUN 8 1935							
(Registrar of City or Town where deceased resided)							

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 338c-r



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH **Essex** (County)
Danvers (City or Town)
No. **Danvers State Hospital** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME **Harry E. Gardner** (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **147 Court Rd** St., Ward **Winthrop** (If nonresident, give city or town and state)
Length of residence in city or town where death occurred **02** yrs. **01** mos. **3** days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX **male** 4 COLOR OR RACE **white** 5 SINGLE MARRIED WIDOWED OR DIVORCED **married** (write the word)
6a If married, widowed, or divorced HUSBAND of **Dorothy Anderson** (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE **54** Years Months Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Merchant**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation
12 BIRTHPLACE (City) (State or country) **Maine**
13 NAME OF FATHER **Perley Gardner**
14 BIRTHPLACE OF FATHER (City) (State or country) **Maine**
15 MAIDEN NAME OF MOTHER **Rosetta Noyes**
16 BIRTHPLACE OF MOTHER (City) (State or country) **Maine**

17 Informant **M.E. McPhillips** (Address) **DSH**
A TRUE COPY.
ATTEST: **AP. [Signature]** (Registrar of City or Town where death occurred)
DATE FILED **5/11/35** 19.

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH **May 7, 1935** (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from **Apr. 4, 1935** to **May 7, 1935**
I last saw him alive on **May 7, 1935** at **8:10 p.m.** Death is said to have occurred on the date stated above, at **8:10 p.m.**
The principal cause of death and related causes of importance in order of onset were as follows:
Inanition 5/1/35
Acute cardiac dilatation 5/7/35
Contributory causes of importance not related to principal cause:
Involution Melancholia 5/1/35
Name of operation Date of
What test confirmed diagnosis **clinical** Was there an autopsy?
20 Was disease or injury in any way related to occupation of deceased?
If so, specify **no** (Signed) **Leo Maletz** M. D.
(Address) **DSH** Date **5/10/35**
21 PLACE OF BURIAL **Winthrop** (City) **Winthrop** (Town)
CREMATION OR REMOVAL
DATE OF BURIAL **May 9, 1935** 19
22 NAME OF UNDERTAKER **Richard H. White**
ADDRESS **Winthrop**
Received and filed **MAY 27 1935** 19.
(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY. WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

1 PLACE OF DEATH
 County Suffolk
 (City or Town) Winthrop
 No. 138 main St., Ward {

2 FULL NAME Thomas J. Markey
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence.** No. 138 main St., Ward,
 (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE** Single (write the word)
MARRIED **WIDOWED** **OR DIVORCED**

5a If married, widowed, or divorced HUSBAND of _____
 (Give maiden name of wife in full)

(or) WIFE of _____
 (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years Months Days If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1923 **11** Total time (years) spent in this occupation 20 yrs

12 BIRTHPLACE (City) E. Boston
 (State or country)

PARENTS
13 NAME OF FATHER Patrick J.
14 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)
15 MAIDEN NAME OF MOTHER Cecilia Tinnell
16 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

17 Informant Mary Markey, Sister
 (Address) 138 main st. Winthrop
Wm. D. Childers
 (Signature of Agent, Board of Health or other)
H.O. May 4/35
 (Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 106

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
 War Veteran,
 specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 8 1935
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 1, 1935, to May 8, 1935
 I last saw h. in May 8, 1935, death is said to have occurred on the date stated above, at 9 A m.
 The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage 5/7/35

Contributory causes of importance not related to principal cause:

Arteriosclerosis ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? L

20 Was disease or injury in any way related to occupation of deceased? L

If so, specify Cerebral Hemorrhage
 (Signed) Frederick H. Take M. D.
 (Address) _____ Date 5/8 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden
 (Cemetery) (City or town)

DATE OF BURIAL May 10 1935

22 NAME OF UNDERTAKER Frederick H. Take
 ADDRESS 145 main st. Winthrop.

Received and filed _____ 19 _____

MAY 11 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*
- Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. *Gen. Laws, Chap. 38, Sec. 6.*
- He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

THE FULFILLMENT OF THE PURPOSE OF THESE LAWS CALLS FOR THE OBSERVANCE OF THE FOLLOWING RULES OF PRACTICE:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons **found dead.**

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-f

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 PLACE OF DEATH	Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 107	
	No. 86 Sargent St.	St.	Ward	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Daniel S. Fowler (If deceased is a married, widowed or divorced woman, give also maiden name.)				{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 86 Sargent St.		St.		Ward	
(Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred 22 yrs.		mos.		days. How long in U. S., if of foreign birth? 63 yrs.	
mos.		days.			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)		
Male	White	Married			
5a If married, widowed, or divorced			18 DATE OF DEATH		
HUSBAND of Annie Layte Fowler (Give maiden name of wife in full)			May 10 1935 (Month) (Day) (Year)		
(or) WIFE of			19 I HEREBY CERTIFY, That I attended deceased from August 10 1932, to May 10 1935		
(Husband's name in full)			I last saw him alive on May 9 1935, death is said to have occurred on the date stated above, at 9:00 a.m.		
6 IF STILLBORN, enter that fact here.			The principal cause of death and related causes of importance in order of onset were as follows:		
7 AGE 77 Years 8 Months 29 Days If less than 1 day Hours Minutes			Cerebral Hemorrhage		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			Date of Onset IMPORTANT August 10/32		
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			May 7/35		
10 Date deceased last worked at this occupation (month and year) 1933			Contributory causes of importance not related to principal cause: Uremia		
11 Total time (years) spent in this occupation 50			Name of operation none Date of		
12 BIRTHPLACE (City) (State or country) St. John's N.B.			What test confirmed diagnosis Chest x-ray & laboratory Was there an autopsy? Yes		
13 NAME OF FATHER David Fowler			20 Was disease or injury in any way related to occupation of deceased? No		
14 BIRTHPLACE OF FATHER (City) (State or country) St. John's N.B.			If so, specify		
15 MAIDEN NAME OF MOTHER Annie Not Known			(Signed) Jacob S. Briggs M. D. (Address) 100 S. Main St. Winthrop Date May 11 1935		
16 BIRTHPLACE OF MOTHER (City) (State or country) N.B. NOT KNOWN			21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)		
17 Informant Annie Layte Fowler (Wife) (Address) 86 Sargent St. Winthrop			DATE OF BURIAL May 13 1935 19		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			22 NAME OF UNDERTAKER Richard H. White		
(Signature of Agent of Board of Health or other)			ADDRESS 147 Winthrop St. Winthrop Mass.		
Health Officer			Received and filed MAY 14 1935 19		
(Official Designation)			(Registrar)		

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfaction written statement containing the facts required by law to original interment, by a satisfactory certificate of cause of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

<p>1 PLACE OF DEATH</p> <p><i>Suffolk</i> (County)</p> <p><i>Winthrop</i> (City or Town)</p> <p>No. <i>Winthrop Community</i> St., <i>Ward</i> {</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. <i>108</i></p>	
<p>2 FULL NAME <i>Patricia P. Foley</i></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>(If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>(If U. S. War Veteran, specify WAR) <i>No</i></p>	
<p>(a) Residence. No. <i>97 Lowell Rd</i> St., <i>Ward</i></p> <p>(Usual place of abode)</p>		<p>(If nonresident, give city or town and state)</p>		<p><i>Winthrop</i></p>	
<p>Length of residence in city or town where death occurred</p>		<p>How long in U. S., if of foreign birth?</p>		<p>Length of residence in city or town where death occurred</p>	
PERSONAL AND STATISTICAL PARTICULARS					
<p>3 SEX <i>Male</i></p>		<p>4 COLOR OR RACE <i>White</i></p>		<p>5 SINGLE MARRIED WIDOWED or DIVORCED <i>Single</i></p>	
<p>5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)</p>					
<p>(or) WIFE of (Husband's name in full)</p>					
<p>6 IF STILLBORN, enter that fact here.</p>					
<p>7 AGE <i>12</i> Years <i>10</i> Months Days Hours Minutes</p>					
<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School</i></p>					
<p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.</p>					
<p>10 Date deceased last worked at this occupation (month and year)</p>					
<p>11 Total time (years) spent in this occupation</p>					
<p>12 BIRTHPLACE (City) (State or country) <i>Winthrop Mass</i></p>					
<p>13 NAME OF FATHER <i>Daniel Foley</i></p>					
<p>14 BIRTHPLACE OF FATHER (City) (State or country) <i>Boston Mass</i></p>					
<p>15 MAIDEN NAME OF MOTHER <i>Elizabeth Verkampen</i></p>					
<p>16 BIRTHPLACE OF MOTHER (City) (State or country) <i>Boston Mass</i></p>					
<p>17 Informant (Address) <i>Daniel Foley Father 97 Lowell Rd</i></p>					
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p>					
<p>(Signature of Agent of Board of Health or other)</p>					
<p>(Official Designation) <i>Health Officer</i> (Date of Issue of Permit) <i>5/11/35</i></p>					
MEDICAL CERTIFICATE OF DEATH					
<p>18 DATE OF DEATH <i>May 10-1935</i></p>					
<p>19 I HEREBY CERTIFY, That I attended deceased from <i>5-9</i>, 19<i>35</i>, to <i>5-10</i>, 19<i>35</i></p>					
<p>I last saw him alive on <i>5-10</i>, 19<i>35</i>, death is said to have occurred on the date stated above, at <i>11:30 p.m.</i></p>					
<p>The principal cause of death and related causes of importance in order of onset were as follows:</p>					
<p><i>General Peritonitis 5/7/35</i></p>					
<p>Contributory causes of importance not related to principal cause:</p>					
<p><i>Acute Appendicitis 5/5/35</i></p>					
<p>Name of operation <i>Appendectomy</i> Date of <i>5/6/35</i></p>					
<p>What test confirmed diagnosis? <i>Pathology</i> Was there an autopsy?</p>					
<p>20 Was disease or injury in any way related to occupation of deceased? If so, specify</p>					
<p>(Signed) <i>James J. Cassidy</i> M. D.</p>					
<p>(Address) <i>160 Harrison Ave Boston</i> Date <i>5/11</i> 19<i>35</i></p>					
<p>21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Holy Cross Malton</i> (Cemetery) (City or town)</p>					
<p>DATE OF BURIAL <i>May 13</i> 19<i>35</i></p>					
<p>22 NAME OF UNDERTAKER <i>W. J. Cassidy</i></p>					
<p>ADDRESS <i>160 Harrison Ave Boston</i></p>					
<p>Received and filed <i>MAY 14 1935</i> 19</p>					
<p>(Registrar)</p>					

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen, *lawy. by the physician or officer and the date of his death.... Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 43, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 40, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

PLACE OF DEATH		The Commonwealth of Massachusetts		Winthrop	
County		OFFICE OF THE SECRETARY		(City or town making return)	
City or Town		DIVISION OF VITAL STATISTICS		Registered No. 100	
No. 150 Somerset Ave St.,		Ward		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>George M. Curtis</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. <u>150 Somerset Ave</u> St., Ward, (Usual place of abode)					
Length of residence in city or town where death occurred <u>12</u> yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Male	White	MARRIED			
		WIDOWED			
		or DIVORCED			
5a If married, widowed, or divorced <u>Married</u> HUSBAND of <u>Mellie L. Sheper</u> (Give maiden name of wife in full)					
(or) WIFE of <u>Thomas Curtis</u> (Husband's name in full)					
6 IF STILLBORN, enter that fact here					
7 AGE <u>86</u> Years <u>3</u> Months <u>2</u> Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Clerk</u>					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lee Higginson Co</u>					
10 Date deceased last worked at this occupation (month and year) <u>6/32</u>					
11 Total time (years) spent in this occupation <u>13 yrs</u>					
12 BIRTHPLACE (City) <u>Breepark</u> (State or country) <u>me</u>					
13 NAME OF FATHER <u>Thomas Curtis</u>					
14 BIRTHPLACE OF FATHER (City) <u>unknown</u> (State or country) <u>Maine</u>					
15 MAIDEN NAME OF MOTHER <u>Phoebe Soule</u>					
16 BIRTHPLACE OF MOTHER (City) <u>unknown</u> (State or country) <u>Maine</u>					
17 Informant (Address) <u>Margellie F. Curtis</u> <u>150 Somerset Ave Winthrop</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>J. M. L. Childress</u> (Signature of Agent of Board of Health or other)					
<u>Health Officer</u> <u>5/13/35</u> (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
13 DATE OF DEATH <u>May 11 1935</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY , That I attended deceased from <u>May 2 1935</u> to <u>May 11 1935</u> I last saw him alive on <u>May 11 1935</u> ; death is said to have occurred on the date stated above, at <u>9:30 p.m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Cerebral Hemorrhage</u> Date of Onset <u>5/8/35</u>					
Contributory causes of importance not related to principal cause: <u>Arteriosclerosis</u> <u>1925?</u>					
Name of operation <u>None</u> Date of <u>5/12</u> What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? <u>No</u>					
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>1. Ray W. Layton</u> M. D. (Signed) (Address) <u>270 Commercial Bldg Boston</u> Date <u>5/12 1935</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Woodlawn Cemetery</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>May 14 1935</u>					
22 NAME OF UNDERTAKER <u>Charles H. Lyman</u> ADDRESS <u>42 Broadway Chelsea</u>					
Received and filed <u>MAY 14 1935</u> 19					
A TRUE COPY, ATTEST: (Registrar)					

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate aforesaid, if provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L. as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease, unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on illness. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term, "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example


The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31, No. 3385-g

<p>SUFFOLK (County)</p> <p>BOSTON (City or Town)</p>		 <p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS</p>		<p>BOSTON (City or town making return)</p>	
<p>STANDARD CERTIFICATE OF DEATH</p>		<p>Registered No. 4572</p>			
<p>1 PLACE OF DEATH</p>		<p>No. Peter Bent Brigham Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>			
<p>2 FULL NAME Carl Roland Mallock (If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>(If U. S. War Veteran, specify WAR) 110</p>			
<p>(a) Residence. No. 44 Bowdoin St., Ward Winthrop (Usual place of abode)</p>		<p>(If nonresident, give city or town and state)</p>			
<p>Length of residence in city or town where death occurred</p>		yrs.	mos.	days.	How long in U. S., if of foreign birth?
		yrs.	mos.	days.	yrs.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX M	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)	18 DATE OF DEATH May 11 1935 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of Ella Waterhouse (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from March 4 1935 , to May 11 1935 I last saw him alive on May 11 1935 death is said to have occurred on the date stated above, at 1.15 a.m.		
(or) WIFE of _____ (Husband's name in full)			The principal cause of death and related causes of importance in order of onset were as follows:		
6 IF STILLBORN, enter that fact here.			<p>rheumatic endocarditis of mitral valve - healed mitral stenosis and insufficiency-infarcts of lungs</p> <p>Contributory causes of importance not related to principal cause:</p>		
7 AGE 36 Years Months Days If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<p>1.15 a.m.</p> <p>Date of onset</p>		
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) (State or country) Maine			Name of operation _____ Date of _____		
13 NAME OF FATHER James Mallock			What test confirmed diagnosis? _____ Was there an autopsy? yes		
14 BIRTHPLACE OF FATHER (City) (State or country) Eastport Me			20 Was disease or injury in any way related to occupation of deceased? no		
15 MAIDEN NAME OF MOTHER Mary A Corbett			If so, specify _____		
16 BIRTHPLACE OF MOTHER (City) (State or country) Eastport Me			(Signed) W W Knowlton , M. D. (Address) Boston Date 5/11/1935		
17 Informant Wife (Address)			21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)		
A TRUE COPY. Hilda Hedstrom Quirk			DATE OF BURIAL May 14 1935		
ATTEST: _____ (Registrar of city or town where death occurred)			22 NAME OF UNDERTAKER M J Hurley ADDRESS Boston		
DATE FILED May 14 1935			Received and filed JUN 8 1935 1935 (Registrar of City or Town where deceased resided)		

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Boston 6/7/35
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent. **111**

Registered No.

**STANDARD
CERTIFICATE OF DEATH**

1 PLACE OF DEATH **Suffolk** (County)
Winthrop (City or Town)
No. **Winthrop Com Hospital** St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Baby Boy Hagan**
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. **26 Barnes Ave** St. Ward, **1** **East Boston**
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single (Write the word)	18 DATE OF DEATH May 15 1935 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from 19....., to May 15 1935 I last saw h..... alive on....., 19....., death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance in order of onset were as follows: stillborn Contributory causes of importance not related to principal cause: difficult delivery face presentation Name of operation: Forceps What test confirmed diagnosis?..... Was there an autopsy?..... 20 Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed)..... M. D. (Address)..... Date 5-16 1935 21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael's Boston Mass (Cemetery) (City or town) DATE OF BURIAL May 16 1935 22 NAME OF UNDERTAKER Michael J. Saggiano ADDRESS 28 Saratoga St Boston Received and filed..... 19..... May 24 1935 (Registrar)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)				
6 IF STILLBORN, enter that fact here. Stillborn 7 AGE..... Years..... Months..... Days If less than 1 day Hours..... Minutes				
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation				
12 BIRTHPLACE (City) (State or country) Winthrop Mass 13 NAME OF FATHER John Hagan 14 BIRTHPLACE OF FATHER (City) (State or country) Salem Mass 15 MAIDEN NAME OF MOTHER Agnes Frederick 16 BIRTHPLACE OF MOTHER (City) (State or country) Revere Mass				
17 Informant (Address) John Hagan 26 Barnes Ave CB I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Sullivan (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 5/16/35 (Date of Issue of Permit)				

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and his last illness, when last seen, *laws, Chap. 46, Sec. 3.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an official internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made. — *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Boston *6/7/35*
 The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 Suffolk (County)
 Winthrop (City or Town)
 No. Winthrop Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. *112*

2 FULL NAME *Geremio D'Angelo*
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *168 Gove* St., *E.* Ward, *B.* Boston
 (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) <i>MARRIED</i> <i>WIDOWED</i> or <i>DIVORCED</i> <i>Single</i>		18 DATE OF DEATH <i>May 17-1935</i> (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)				19 I HEREBY CERTIFY, That I attended deceased from <i>April 30</i> , 19 <i>35</i> , to <i>May 17</i> , 19 <i>35</i> I last saw him alive on <i>May 17</i> , 19 <i>35</i> , death is said to have occurred on the date stated above, at <i>4 a. m.</i> The principal cause of death and related causes of importance in order of onset were as follows: <i>Carbuncle of neck</i> <i>Septicemia</i> <i>Septicemia</i>	
6 IF STILLBORN, enter that fact here.				Date of Onset IMPORTANT <i>April 30-1935</i>	
7 AGE <i>50</i> Years. Months. Days		If less than 1 day Hours. Minutes		Contributory causes of importance not related to principal cause: <i>Septicemia</i> <i>Septicemia</i>	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>General Laborer</i>		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Newhall and Company</i>		Name of operation <i>Incision & drainage</i> Date of <i>May 16-1935</i> What test confirmed diagnosis? <i>clinical</i> Was there an autopsy? <i>no</i>	
10 Date deceased last worked at this occupation (month and year) <i>May 11 1935</i>		11 Total time (years) spent in this occupation <i>2</i> Years		20 Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify (Signed) <i>Charles Malone</i> M. D. (Address) <i>305 Haven St. E. Boston</i> Date <i>May 17 1935</i>	
12 BIRTHPLACE (City) (State or country) <i>Italy</i>		13 NAME OF FATHER <i>Franco D'Angelo</i>		21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>St. Michael Boston</i> (Cemetery) (City or town)	
14 BIRTHPLACE OF FATHER (City) (State or country) <i>Italy</i>		15 MAIDEN NAME OF MOTHER <i>Maria Antonia Marcotullio</i>		DATE OF BURIAL <i>May 20</i> - <i>20</i> 19 <i>35</i>	
16 BIRTHPLACE OF MOTHER (City) (State or country) <i>Italy</i>		17 Informant <i>Tarquino Talone (Cousing)</i> (Address) <i>168 Gove St. E. Boston.</i>		22 NAME OF UNDERTAKER <i>Charles Malone</i> ADDRESS <i>Chelsea St. E. Boston</i>	

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *5/17/35*

Received and filed. *MAY 24 1935* 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhumate a human body and remove it from a town, from person to person, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied by law to original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Distinguish carefully the different kinds of engineers by stating the kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Discontinue titles as *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when no precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, joiner, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset, were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unsuspectably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden death of persons **not disabled by recognized disease**, and those of persons **found dead**.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 1.*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2038-f

<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">PLACE OF DEATH</div> <div> <p>1 <u>Suffolk</u> (County)</p> <p><u>Winthrop</u> (City or Town)</p> <p>No. <u>Northrop Community Hospital</u> St. <u>Ward</u> { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p> </div> </div>		<div style="display: flex; align-items: center;"> <div> <p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p> </div> </div>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. <u>113</u></p>
<p>2 FULL NAME <u>Fil La Cortiglia</u></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name)</p> <p>(a) Residence. No. <u>Parents - Vincent & Anna La Cortiglia</u> St. <u>Ward</u></p> <p>(Usual place of abode) <u>85 Stark Ave. Revere Mass</u> (If nonresident, give city or town and state)</p> <p>Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.</p>				
<p>PERSONAL AND STATISTICAL PARTICULARS</p>				
<p>3 SEX <u>M</u></p>	<p>4 COLOR OR RACE <u>W</u></p>	<p>5 SINGLE (write the word) <u>single</u></p> <p>MARRIED</p> <p>WIDOWED</p> <p>OR DIVORCED</p>		
<p>5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)</p> <p>(or) WIFE of _____ (Husband's name in full)</p>				
<p>6 IF STILLBORN, enter that fact here. <u>Not stillborn</u></p>				
<p>7 AGE <u>4</u> Years <u>4</u> Months <u>19</u> Days <u>19</u> Hours <u>19</u> Minutes</p> <p>If less than 1 day</p>				
<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</p> <p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.</p> <p>10 Date deceased last worked at this occupation (month and year)</p> <p>11 Total time (years) spent in this occupation</p>				
<p>12 BIRTHPLACE (City) <u>Winthrop</u> (State or country) <u>Mass.</u></p>				
<p>13 NAME OF FATHER <u>Vincent La Cortiglia</u></p>				
<p>14 BIRTHPLACE OF FATHER (City) <u>Italy</u> (State or country)</p>				
<p>15 MAIDEN NAME OF MOTHER <u>Anna Santosuocco</u></p>				
<p>16 BIRTHPLACE OF MOTHER (City) <u>Weston Mass.</u> (State or country)</p>				
<p>17 Informant <u>D. C. Russell</u> Relation, if any <u>Superintendent of Winthrop Community Hospital</u></p> <p>(Address)</p>				
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p><u>Wm. L. Sullivan</u> (Signature of Agent of Board of Health or other)</p> <p><u>Health Officer</u> (Official Designation) <u>6-1-35</u> (Date of Issue of Permit)</p>				
<p>MEDICAL CERTIFICATE OF DEATH</p>				
<p>18 DATE OF DEATH <u>May 19, 1935</u></p> <p>(Month) (Day) (Year)</p>				
<p>19 I HEREBY CERTIFY, That I attended deceased from <u>May 19, 1935</u>, to <u>May 19, 1935</u></p> <p>I last saw him alive on <u>May 19, 1935</u>, death is said to have occurred on the date stated above, at <u>Revere Mass.</u></p> <p>The principal cause of death and related causes of importance in order of onset were as follows:</p> <p><u>Pneumonia Bact.</u> <u>4 to 4 1/2 months</u> <u>cephalocelle</u> <u>monstrous</u></p> <p>Contributory causes of importance not related to principal cause: <u>Body turned over to family</u> <u>It was their wish that it be disposed of in incineration</u></p>				
<p>Name of operation _____ Date of _____</p> <p>What test confirmed diagnosis? _____ Was there an autopsy? _____</p>				
<p>20 Was disease or injury in any way related to occupation of deceased? _____</p> <p>If so, specify _____ (Signed) <u>Frank J. Smith</u> M. D.</p> <p>(Address) <u>Revere Mass. May 19, 1935</u></p>				
<p>21 PLACE OF BURIAL, CREMATION OR REMOVAL _____ (Cemetery) _____ (City or town)</p>				
<p>DATE OF BURIAL _____ 19 _____</p>				
<p>NAME OF UNDERTAKER _____ (no undertaker)</p>				
<p>ADDRESS _____</p>				
<p>Received and filed _____ 19 _____</p> <p><u>MAY 27 1935</u></p> <p>(Registrar)</p>				

DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed to illness. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of *housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10. The industry of business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but use the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells foods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication, which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestoma, etc. As principal cause name the disease causing death, as related causes, name earlier morbid conditions if any related to the principal cause, and any important complication of the principal case. Under contributory causes of importance not related to principal cause, name other important diseases.

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, in the event of the death of a person whom he has attended during his last illness, or of any member of the family of the deceased, authorized in this behalf by the medical officer in charge, or by a duly authorized nurse, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, on a sheet the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the location of his last illness, when last seen alive, by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a body and remove it from a town, from one cemetery to another, from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health, or its agent, aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a certificate written, statement containing the facts required by law to be returned and recorded, which shall be accompanied by law a original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall not previously interfere. If such a permit for the removal of a human body from wealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker, desiring to make such removal, shall constitute a permit for such removal; provided, that such removal shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been soemitted hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit certificate, shall forthwith accompany it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician desiring the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; give a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall have

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care within a illness from disease unrelated to any form of injury.
- (2) **Board of Health** shall

as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), but by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following infection, but not deaths from disease resulting from injury or infection relating to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

RULES OF PRACTICE.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

<p>1 PLACE OF DEATH</p> <p>Suffolk (County)</p> <p>Winthrop (City or Town)</p> <p>No. 121 Locust St. St., Ward {</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p>	
		<p>Registered No. 114</p>		<p>(If death occurred in a hospital or institution, give its NAME instead of street and number)</p>	
<p>2 FULL NAME Walter Thomas Hinckley</p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>					
<p>(a) Residence. No. 121 Locust St. St., Ward, (If nonresident, give city or town and state)</p>					
<p>Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.</p>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX M.	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married	18 DATE OF DEATH May 20 1935 (Month) (Day) (Year)		
<p>6a If married, widowed or divorced HUSBAND of Mary E. Murphy (Give maiden name of wife in full)</p> <p>(or) WIFE of (Husband's name in full)</p>			<p>19 I HEREBY CERTIFY, That I attended deceased from 19... to 19... death is said to have occurred on the date stated above, at 9:10 P. M.</p> <p>The principal cause of death and related causes of importance in order of onset were as follows:</p> <p>Natural Causes Probably Angina Pectoris May 20 1935</p> <p>Date of Onset IMPORTANT</p>		
<p>6 IF STILLBORN, enter that fact here.</p>			<p>Contributory causes of importance not related to principal cause:</p>		
<p>7 AGE 59 Years Months Days If less than 1 day Hours Minutes</p>			<p>11 Total time (years) spent in this occupation 7mo</p>		
<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter</p>			<p>10 Date deceased last worked at this occupation (month and year) May 20</p>		
<p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. R. A.</p>			<p>12 BIRTHPLACE (City) Barnstable (State or country) Mass</p>		
<p>13 NAME OF FATHER Thomas E. Hinckley</p>			<p>14 BIRTHPLACE OF FATHER (City) Unknown (State or country)</p>		
<p>15 MAIDEN NAME OF MOTHER Aurelia Percival</p>			<p>16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)</p>		
<p>17 Informant Mrs. Mary E. Hinckley (Address) 121 Locust St Winthrop</p>			<p>20 Was disease or injury in any way related to occupation of deceased? No</p> <p>If so, specify Raymond B. Parker (Signed) M. D. (Address) Winthrop Board of Health Date May 22 1935</p>		
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p>Wm. L. Giddings (Signature of Agent of Board of Health or other Health Officer) 5/23/35</p>			<p>21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or town)</p> <p>DATE OF BURIAL May 23 1935</p>		
<p>22 NAME OF UNDERTAKER Francis Hill</p> <p>ADDRESS 24 Hancock St, Everett</p>			<p>Received and filed MAY 23 1935 19 (Registrar)</p>		

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contravenes a statute, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

Example

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	1915
<i>Arteriosclerosis</i>	
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 40, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **115**

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. **18 Tewksbury St., Winthrop** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Christopher H. Foster**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **18 Tewksbury St.,** St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Single** (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **prox. 74** Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Bookkeeper**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Wool Mill**
10 Date deceased last worked at this occupation (month and year) **Mar. 1930** 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) **Cambridge** (State or country) **Mass.**

13 NAME OF FATHER **not known**

14 BIRTHPLACE OF FATHER (City) **not known** (State or country)

15 MAIDEN NAME OF MOTHER **not known**

16 BIRTHPLACE OF MOTHER (City) **not known** (State or country)

17 Informant **Adah F. Sincere (Landlady)** (Address) **18 Tewksbury St., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other (Official Designation) **Health Officer** (Date of Issue of Permit) **5/25/35**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 23 1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **5/16** 19**35**, to **5/23** 19**35**

I last saw him alive on **5/23** 19**35**, death is said to have occurred on the date stated above, at **7 PM**.
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Bronchitis
Chronic Cholecystitis
Contributory causes of importance not related to principal cause:
Acute Nephritis
Chronic Cholecystitis

Name of operation **none** Date of **none**
What test confirmed diagnosis? **none** Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify (Signed) **Adah F. Sincere** M. D. (Address) **18 Tewksbury St., Winthrop** Date **5/24/35**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**
(Cemetery) (City or town)

DATE OF BURIAL **May 25, 1935** 19**35**

22 NAME OF UNDERTAKER **Richard E. White**
ADDRESS **147 Winthrop St., Winthrop**

Received and filed **MAY 27 1935** 19**35**
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as returned by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report this occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33, No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 116

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Albert Frye
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 180 Pauline St., St., Ward,
(Usual place of abode)
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)

5a If married, widowed, or divorced HUSBAND of Mary Frye (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years 2 Months 12 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butter Eggs

10 Date deceased last worked at this occupation (month and year) 1930 11 Total time (years) spent in this occupation 34

12 BIRTHPLACE (City) Webster (State or country) Mass.

13 NAME OF FATHER William Frye

14 BIRTHPLACE OF FATHER (City) Rhode Island (State or country)

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) not known (State or country)

17 Informant Son Lucian W. Frye (Address) 180 Pauline St., Winthrop

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 5/25/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 24 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 16 1935 to May 24 1935

I last saw him alive on May 23 1935, death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

arteriosclerosis 1925
chronic myocarditis 1930

Hypostatic Pneumonia May 24/35, (Hypostatic)

Name of operation clinical Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Syphilis of Robinson, M. D. (Signed) Winthrop, Mass. Date May 25 1935 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Lee N. H. (Cemetery) (City or town)

DATE OF BURIAL May 27 1935 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed MAY 27 1935 19

(Registrar)

GOVERNING THE

Gen. Laws, Chap. 46, Sec. 9.

make such certificate. If such:

of death.—*Gen. Laws, Chap.*

Sec. 46, G. L. as amended. —

RULES OF PRACTICE

of the following rules of practice:

illness from disease unrelated to any form of injury.

death is needed.

and those of persons found dead.

ever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

cular kind of work done and return that, as *spinner*, *weaver*, etc.

mill, etc.

salesman and not a clerk.

related to principal cause, name other important diseases.

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

happens to be the second cause given.

N. B.—WRITE PLAINLY. WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 117

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 35 Fairview St., St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Judith (Bollmann) Lythgoe
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 35 Fairview St., St., Ward,
(Usual place of abode)
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George B. Lythgoe (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years 5 Months 24 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) London (State or country) England

13 NAME OF FATHER Hermann Bollmann

14 BIRTHPLACE OF FATHER (City) Germany (State or country)

15 MAIDEN NAME OF MOTHER Mary Ann Axel

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant A. W. Lythgoe (Address) 35 Fairview St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Health Officer (Signature of Agent of Board of Health or other)
Official Designation (Date of Issue of Permit) 5/25/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 24 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 22 1935, to May 24 1935

I last saw him alive on May 24 1935, death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis Date of Onset IMPORTANT June 1934

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis Abundant Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Carter (Signed) (Address) Winthrop, Mass. Date 5/25 1935, M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett (Cemetery) (City or town)

DATE OF BURIAL May 26 1935 19

22 NAME OF UNDERTAKER Richard H. White ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient by a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal, shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a refutal, as returned by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such refutal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

PLACE OF DEATH		No.		St.,		Ward		Registered No.	
Suffolk								Winthrop, Mass.	
(County)								(City or town making return)	
(City or Town)								118	
<p>2 FULL NAME <u>Joseph Cohen</u></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence. No. <u>118</u> <u>Rever</u> Ward, <u>Rever</u></p> <p>(Usual place of abode)</p> <p>Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? 26 yrs. mos. days.</p>									
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED							
5a If married, widowed, or divorced									
HUSBAND of <u>Joseph Cohen</u>									
(Give maiden name of wife in full)									
(or) WIFE of									
(Husband's name in full)									
6 IF STILLBORN, enter that fact here									
7 AGE <u>42</u> Years Months Days If less than 1 day Hours Minutes									
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
<u>Housewife at home</u>									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10 Date deceased last worked at this occupation (month and year)									
11 Total time (years) spent in this occupation									
12 BIRTHPLACE (City) (State or country) <u>Russia</u>									
13 NAME OF FATHER <u>Morris Glazer</u>									
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Russia</u>									
15 MAIDEN NAME OF MOTHER <u>Cannot be learned</u>									
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Russia</u>									
17 Informant (Address) <u>Joseph Cohen - Husband</u>									
<u>1st Avenue</u>									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
<u>Wm. D. Childress</u>									
(Signature of Agent of Board of Health or other)									
<u>Health Officer</u>									
(Official Designation)									
<u>6/25/35</u>									
(Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH <u>May</u> <u>24</u> <u>1935</u>									
(Month) (Day) (Year)									
19 I HEREBY CERTIFY. That I attended deceased from <u>May</u> <u>22</u> <u>1935</u> to <u>May</u> <u>24</u> <u>1935</u>									
I last saw him alive on <u>May</u> <u>24</u> <u>1934</u> , death is said to have occurred on the date stated above, at <u>2:30</u> p.m.									
The principal cause of death and related causes of importance in order of onset were as follows:									
<u>Acute Cardiac dilatation</u>									
Contributory causes of importance not related to principal cause:									
<u>Laparotomy</u>									
Name of operation <u>Hysterectomy</u> Date of <u>May</u> <u>24</u> <u>1935</u>									
What test confirmed diagnosis: <u>Was there an autopsy?</u>									
20 Was disease or injury in any way related to occupation of deceased? <u>no</u>									
If so, specify									
(Signed) <u>James Dray</u> M. D.									
(Address) <u>72 Shirley Ave.</u> Date <u>5/24</u> <u>1935</u>									
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Crypt Jewish Cem. Winthrop</u>									
(Cemetery) (City or town)									
DATE OF BURIAL <u>May</u> <u>24</u> <u>1935</u>									
22 NAME OF UNDERTAKER <u>Marcel Stancusky</u>									
ADDRESS <u>63 Green St. Boston</u>									
Received and filed <u>MAY 27 1935</u> 19									
A TRUE COPY, ATTEST: (Registrar)									

Revised Uniform States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative ineffectiveness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as that of home housework, write *housework* in answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "sechment," but give the exact occupation, as *car painter, printer, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30, No. 7997-c

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
 No. **43 Summit Ave., or ambulance en route to Winthrop Community Hospital.** Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME WILLIAM HENRY KENNEDY (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. **88 Summit Avenue,** St., **Winthrop.** Ward, **Winthrop.** (If nonresident give city or town and state)
 Length of residence in city or town where death occurred **9** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

To be filed for burial permit with Board of Health or its Agent.

Registered No. **119**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE MARRIED WIDOWED or DIVORCED** Single (write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE **47** Years. Months. Days. If less than 1 day Hours. Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Chauffeur**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Winthrop Market Co.**
10 Date deceased last worked at this occupation (month and year) **5/23/35** **11** Total time (years) spent in this occupation **9 Yrs**
12 BIRTHPLACE (City) **Boston,** (State or country) **Mass.**
13 NAME OF FATHER **Ephriam H. Kennedy.**
14 BIRTHPLACE OF FATHER (City) **Boston,** (State or country) **Mass.**
15 MAIDEN NAME OF MOTHER **Mary A. Griffin.**
16 BIRTHPLACE OF MOTHER (City) **Galway,** (State or country) **Ireland.**
17 Informant **Florence H. E. Farrell. (Sister)** (Address) **380 Columbia Road, Dorchester**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 24, 1935.** (Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Natural Causes; presumably cardio-vascular disease. (Died suddenly.)
 (See reverse side for description for unknown person)
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) **Wm. J. Mahoney** M. D. Medical Examiner (Address) **274 Boylston St.** Date **5/25/1935.**
21 PLACE OF BURIAL, CREMATION OR REMOVAL **Mt. Hope, Boston, Mass.** (Cemetery) (City or town)
DATE OF BURIAL **May 27, 1935.** 19
22 NAME OF UNDERTAKER **Wm. J. Mahoney & Co** ADDRESS **598 Dudley St, Boston, Mass.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 (Signature of Agent of Board of Health or other)
 (Official Designation) **5/25/35** (Date of Issue of Permit)
BOSTON HEALTH DEPT.

Received and filed **19**
MAY 29 1935 (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . — *Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . — *General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Con. 1404 St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME

Geraldine Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 400 Resene St., Ward,
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
F
4 COLOR OR RACE
White
5 SINGLE
MARRIED
WIDOWED
or DIVORCED
Single
(write the word)
5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)
6 IF STILLBORN, enter that fact here
7 AGE
18 Years Months Days If less than 1 day Hours Minutes
OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation
12 BIRTHPLACE (City) (State or country) Boston Mass
13 NAME OF FATHER Timothy
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Irene M^{rs} Gart
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Ma
17 Informant (Address) Mrs Irene Donovan 1400 Resene St
PARENTS

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 27 1935
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from May 17 1935 to May 27 1935
! last saw him alive on May 27 1935, death is said to have occurred on the date stated above, at 8:40 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Lobar Pneumonia May 19,
diaphragmatic Pleurisy May 19,
Contributory causes of importance not related to principal cause:
Name of operation None Date of What test confirmed diagnosis clinical Was there an autopsy? NO
20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Eugene A. Robinson, M. D.
(Address) Winthrop, Mass May 28 1935
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop, Me
(Cemetery) (City or town)
DATE OF BURIAL May 31 1935
22 NAME OF UNDERTAKER John P. Castella
ADDRESS 54 Chambers St Boston
Received and filed MAY 29 1935
19
A TRUE COPY, ATTEST: (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Mulders
(Signature of Agent of Board of Health or other Health Officer)
5/29/35
(Date of Issue of Permit)

RETURN OF REGISTERED HOSPITAL MEDICAL OFFICER OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the Board of Health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb of other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent, addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **121**

1 PLACE OF DEATH
 (County) **Suffolk**
 (City or Town) **Waltham**
 No. **Waltham County Hospital** St. **Ward** { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Robert Earl Jacobs**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **6622 Waltham St.** Ward, **Ward**
 (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX F	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)	18 DATE OF DEATH May 17 1935 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from , 19, to , 19 I last saw h alive on , 19, death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance in order of onset were as follows: Still Born Contributory causes of importance not related to principal cause: Tetanus of legum.
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			Date of onset	
6 IF STILLBORN, enter that fact here. Still Born				
7 AGE Years Months Days If less than 1 day Hours Minutes				
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10 Date deceased last worked at this occupation (month and year)			11 Total time (years) spent in this occupation	
12 BIRTHPLACE (City) (State or country) Waltham Mass				
13 NAME OF FATHER Arthur Jacobs				
14 BIRTHPLACE OF FATHER (City) (State or country) Waltham Mass				
15 MAIDEN NAME OF MOTHER Clara M. Jacobs				
16 BIRTHPLACE OF MOTHER (City) (State or country) Waltham Mass				
17 Informant (Address) Arthur Jacobs 622 Waltham St.				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) Wm. D. Childress Health Officer (Date of Issue of Permit) 5/29/35				
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Still Born (Address) 20 Crescent St. Date 5/28 1935			21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town) St. John's Cemetery Waltham	
22 NAME OF UNDERTAKER Wm. D. Childress			DATE OF BURIAL May 21 1935	
ADDRESS 4 Atlantic St. Waltham			Received and filed 1644 4 1935 (Registrar)	

Revised United States Standard Certificate of Death

EXTRACT FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Avioidrosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-a-33. No. 9321-a

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 PLACE OF DEATH	Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No.	
	No. 138 Court Road			Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Frederic Colt Loomis (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR) 123	
(a) Residence. No. 138 Court Road (Usual place of abode)		SEX Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married		18 DATE OF DEATH June 1 1935 (Month) (Day) (Year)	
6a If married, widowed or divorced. HUSBAND of Anne Letitia Parkhurst (Give maiden name of wife in full)		19 I HEREBY CERTIFY, That I attended deceased from April 2 1935 to June 1 1935. last saw him alive on June 1 1935, death is said to have occurred on the date stated above, at 6 4 m. The principal cause of death and related causes of importance in order of onset were as follows:		Date of Onset IMPORTANT May 20 1935	
(or) WIFE of (Husband's name in full)		10 IF STILLBORN, enter that fact here.			
7 AGE 42 Years 11 Months 19 Days If less than 1 day Hours Minutes		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Principal			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School		10 Date deceased last worked at this occupation (month and year) May 1935		11 Total time (years) spent in this occupation 18	
12 BIRTHPLACE (City) Winsted (State or country) Connecticut		13 NAME OF FATHER Charles W. Loomis		14 BIRTHPLACE OF FATHER (City) unknown town Ohio (State or country) Charleston, S. C.	
15 MAIDEN NAME OF MOTHER Julia Colt		16 BIRTHPLACE OF MOTHER (City) unknown- (State or country) Torrington, Conn.		17 Informant Mrs. Anne P. Loomis (Address) 138 Court Rd. Winthrop Mass	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		Wm. D. Childress (Signature of Agent of Board of Health or other)		6/3/35 (Date of Issue of Permit)	
20 Was disease or injury in any way related to occupation of deceased? No		21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Fitchburg (Cemetery) (City or town)		DATE OF BURIAL June 3, 1935	
If so, specify R. B. Carter (Signed) (Address) Winthrop, Mass		22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass.		Received and filed JUN 4 1935 (Registrar)	

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied by a satisfactory certificate of the attending physician, in case of an physician, if any, as required by law, or in lieu thereof a certificate sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If for the death certificate contains a rectal, as returned by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit, certificate, shall forthwith counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the place of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unsuspectably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as *store*, *factory*, *mill*, etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *relief mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in the first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Revere 7/8/35

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 123

1 PLACE OF DEATH *Suffolk County*
Winthrop (City or Town)
No. *Winthrop Community Hospital* St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby Boy Levine*
(If deceased was a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *78 Central Ave* St. Ward *Revere Mass*
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. *4* days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *MARRIED*
WIDOWED or *DIVORCED*

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months *4* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as *spinster*, *sawyer*, *bookkeeper*, etc.
9 Industry or business in which work was done, as *silk mill*, *saw mill*, *bank*, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Winthrop* (State or country) *Mass.*

13 NAME OF FATHER *Hyman Levine*

14 BIRTHPLACE OF FATHER (City) *Russia* (State or country)

15 MAIDEN NAME OF MOTHER *Ester Greenfield*

16 BIRTHPLACE OF MOTHER (City) *Chelsea* (State or country) *Mass.*

17 Informant *Morris Greenfield* (Address) *Second St. Chelsea*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 2, 1935*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *May 30, 1935*, to *June 2, 1935*, 19*35*
I last saw him alive on *June 2, 1935*, death is said to have occurred on the date stated above, at *4:00* p. m.
The principal cause of death and related causes of importance in order of onset were as follows:
atelectasis of lungs
Contributory causes of importance not related to principal cause:
Name of operation Date of
What test confirmed diagnosis? *autopsy* Was there an autopsy?
20 Was disease or injury in any way related to occupation of deceased?
If so, specify *Paris Disease* M. D. (Signed) (Address) *72 Shirley Ave* Date *6/2* 19 *35*
21 PLACE OF BURIAL, CREMATION OR REMOVAL *Chewas Mishna Gynn* (Cemetery) (City or town)
DATE OF BURIAL *June 3* 19 *35*
22 NAME OF UNDERTAKER *Morris L. Dorf*
ADDRESS *51 Everett Ave Chelsea*
Received and filed JUN 4 1935 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Chulavsky
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) *6/3/35*

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith transmit it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death, shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 14, Sec. 45 G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L. as amended.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset
1915

Arteriosclerosis

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 121

1 PLACE OF DEATH
County Suffolk
(City or Town) Waltham
No. 273 Shirley St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Morris Bobrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 273 Shirley St., Ward, Waltham
(Usual place of abode)
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? 29 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Widowed (write the word)
or MARRIED
or DIVORCED
6a If married, widowed or divorced
HUSBAND of Esther Greenberg
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Dealer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For himself
10 Date deceased last worked at this occupation (month and year) Jan 1932 11 Total time (years spent in this occupation) Yes

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Abraham Bobrick

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Louis Bobrick (Son)
(Address) 678 Mass Ave. Camb.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/7/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 6, 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935, to May 29, 1935
I last saw him alive on May 29, 1935, death is said

to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Hypertension
Chronic Myocarditis

Date of Onset
IMPORTANT

?

Contributory causes of importance not related to principal cause:

Cerebral Hemorrhage

June 6, 1935

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician's Exam Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Samuel B. Goldberger, M.D.

(Address) 270 Shirley St. Waltham Date June 6, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Reverend Israel Cohen
(Cemetery) (City or town)

DATE OF BURIAL June 7, 1935

22 NAME OF UNDERTAKER Warren E. Gonsky

ADDRESS 63 Green St. Boston

Received and filed _____

JUN 7 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by trauma (including poisoning, suffocation) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.


If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1 PLACE OF DEATH {		Suffolk (County)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
		Winthrop (City or Town)				Registered No. 429			
		No. 7 Johnson Ave.		St.,		Ward		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
		2 FULL NAME <u>Herbert Patterson Smith</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)							
		(a) Residence. No. <u>7 Johnson Ave.</u>		St.,		Ward,		{ (If U. S. War Veteran, specify WAR)	
		(Usual place of abode)		(If nonresident, give city or town and state)					
		Length of residence in city or town where death occurred <u>34</u> yrs.		mos.		days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX <u>Male</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>Married</u>					
				5a If married, widowed, or divorced <u>Grace Prescott Smith</u> HUSBAND of (Give maiden name of wife in full)					
				(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.									
		7 AGE <u>71</u> Years.		7 Months.		15 Days.		If less than 1 day Hours. Minutes	
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>							
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wholesale Liquor</u>							
		10 Date deceased last worked at this occupation (month and year) <u>1934</u>							
		11 Total time (years) spent in this occupation <u>5</u>							
		12 BIRTHPLACE (City) <u>East Boston</u> (State or country) <u>Mass.</u>							
PARENTS		13 NAME OF FATHER <u>John Smith</u>							
		14 BIRTHPLACE OF FATHER (City) <u>Piston</u> (State or country) <u>N. S.</u>							
		15 MAIDEN NAME OF MOTHER <u>Sara Ring Williams</u>							
		16 BIRTHPLACE OF MOTHER (City) <u>Bath</u> (State or country) <u>Me.</u>							
		17 <u>Wife</u> <u>Grace Prescott Smith</u> Informant (Address) <u>7 Johnson Ave. Winthrop Mass.</u>							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Muldrew</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>7/8/35</u> (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH <u>June 7 1935</u> (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from <u>June 7 1934</u> , to <u>June 7 1935</u> I last saw him alive on <u>June 6 1935</u> , death is said to have occurred on the date stated above, at <u>3:40 A.</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Chronic myocarditis</u> Date of Onset <u>June 1934</u> <u>Pericarditis</u> <u>Jan 1934</u>									
Contributory causes of importance not related to principal cause: <u>Pericarditis</u>									
Name of operation <u>none</u> Date of <u>none</u> What test confirmed diagnosis? <u>Observation</u> Was there an autopsy? <u>No</u>									
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>Raynaud's Disease</u> , M. D. (Signed) <u>Richard H. White</u> (Address) <u>Winthrop Mass.</u> Date <u>June 7 1935</u>									
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mt. Hope Boston</u> (Cemetery) (City or town)									
DATE OF BURIAL <u>June 9 1935</u>									
22 NAME OF UNDERTAKER <u>Richard H. White</u> ADDRESS <u>147 Winthrop St. Winthrop Mass.</u>									
Received and filed <u>JUN 13 1935</u> (Registrar)									

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose of health, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring so to remove the body shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retrieval, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retrieval shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Arteriosclerosis

1918

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY. WITH UNFADING BLACK INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-734, No. 2938-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1935

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 15 Pearl Ave. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John McAuliffe
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Pearl Ave St. Ward
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Walter O'Connell
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Electric Co.
10 Date deceased last worked at this occupation (month and year) June 1925 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Rochland
(State or country) Maine

13 NAME OF FATHER Patrick

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned.

16 BIRTHPLACE OF MOTHER (City) Cannot be learned.
(State or country)

17 Informant Frank McAuliffe Relation, if any Son
(Address) 15 Pearl Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. D. Mulvaney (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/9/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 8 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 , death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes Probably
Cerebral Hemorrhage

Date of Onset June 5, 1935
IMPORTANT

Contributory causes of importance not related to principal cause:

Hypertension 1925

Name of operation None Date of
What test confirmed diagnosis? Imaging Was there an autopsy? N.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker M. D.
(Signed) Winthrop Board of Health Date June 9, 1935
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. James Thomaston
(Cemetery) (City or town) Maine

DATE OF BURIAL June 10 19 35

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and the possession of the undertaker or other person desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been, sooner obtained hereunder. If the death certificate, that the deceased served in the army, navy or marine corps of the United States in any year in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith communicate it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (intermentary Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Intermentary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by contamination (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1 { PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 24 Lincoln Ter. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maud L. Egan Donovan (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Lincoln Ter. St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

Registered No. 127

2 FULL NAME Maud L. Egan Donovan (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Lincoln Ter. St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Thomas J. Donovan (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) Jan 1935 11 Total time (years) spent in this occupation 2

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER John W. Egan

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Annie Buckley

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Thomas J. Donovan (Address) 24 Lincoln Ter.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Buckley (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/11/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 9 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 15 to June 9, 1935. I last saw him alive on June 7, 1935, death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Recurrent carcinoma June 1935

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 46

20 Was disease or injury in any way related to occupation of deceased? 46

If so, specify (Signed) C. M. Buckley (Address) C. M. Buckley Date 6/11/35 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL June 12 1935 19

22 NAME OF UNDERTAKER John F. Buckley Winthrop

ADDRESS Winthrop

Received and filed JUN 13 1935 19 (Registrar)

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster, weaver, etc.*
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*
- Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbestia, etc. As principal causes name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes, of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-231. No. 3385-f

PLACE OF DEATH

1

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

128

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

St.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

37

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE *Widowed* (write the word) *Widowed*

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

82 Years*5* Months*8* Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housekeeping

10 Date deceased last worked at this occupation (month and year)

*May 15*11 Total time (years) spent in this occupation *25*

12 BIRTHPLACE (City)

(State or country)

*Andover**Mass*

13 NAME OF FATHER

John Lund

14 BIRTHPLACE OF FATHER (City)

(State or country)

*York**England*

15 MAIDEN NAME OF MOTHER

Ellen Burch

16 BIRTHPLACE OF MOTHER (City)

(State or country)

*Cheshire**Eng*

17

Informant (Address)

Margaret L. Porter
106 Bowdoin St. Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)

(Official Designation)

6/13/35
(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

128

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

St.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

37

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

(Month)

12

(Day)

1935

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 31, 19*35*, to *June 12*, 19*35*I last saw *her* alive on *June 12*, 19*35*, death is saidto have occurred on the date stated above, at *10 P.* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

*Carcinoma of Liver**Dec 1934*

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

What test confirmed diagnosis? *Examination* Was there an autopsy? *No*20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Raymond C. Parker*(Address) *Wintthrop**17 ans*Date *June 12*, 19*35*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Village Cemetery Weymouth Mass

(Cemetery)

(City or town)

DATE OF BURIAL

6/14/35

19

22 NAME OF UNDERTAKER

C. R. Benson

ADDRESS

Wintthrop Mass

Received and filed

JUN 13 1935

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, or its insubstantial, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
 He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*


RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians shall certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting asphyxia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1		PLACE OF DEATH Suffolk (County)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
		Winthrop (City or Town)				Registered No. 100			
		No. 74 Atlantic Street St., Ward						(If death occurred in a hospital or institution, give its NAME instead of street and number)	
		2 FULL NAME Helen Emily Hansen (If deceased is a married, widowed or divorced woman, give also maiden name.)						(If U. S. War Veteran, specify WAR)	
		(a) Residence. No. 74 Atlantic Street (Usual place of abode) St., Ward,						(If nonresident, give city or town and state)	
		Length of residence in city or town where death occurred 10 yrs. mos. days.				How long in U. S., if of foreign birth? 22 yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)			
Female		White		Single					
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)									
(or) WIFE of _____ (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE 23 Years 1 Months Days If less than 1 day Hours Minutes									
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance office									
10 Date deceased last worked at this occupation (month and year) Aug. 1934 11 Total time (years) spent in this occupation 4									
12 BIRTHPLACE (City) Norway (State or country)									
13 NAME OF FATHER Carl Hansen									
14 BIRTHPLACE OF FATHER (City) Norway (State or country)									
15 MAIDEN NAME OF MOTHER Ragna Stanger									
16 BIRTHPLACE OF MOTHER (City) Norway (State or country)									
17 Informant Mrs Anna I Johnson (Aunt) (Address) 74 Atlantic St Winthrop									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Paulsen (Signature of Agent of Board of Health or other) 6/15/35 Death Officer (Official Designation) (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH June 12 12 1935 (Month) (Day) (Year)									
19 I HEREBY CERTIFY That I attended deceased from May 1 to June 12 1935									
I last saw him alive on June 12 1935, death is said to have occurred on the date stated above, at 11 P. M.									
The principal cause of death and related causes of importance in order of onset were as follows:									
Acute Pulmonary edema									
Contributory causes of importance not related to principal cause:									
Pulmonary Tuberculosis									
Name of operation _____ Date of _____									
What test confirmed diagnosis? _____ Was there an autopsy? No									
20 Was disease or injury in any way related to occupation of deceased? No									
If so, specify _____ (Signed) _____ M. D. (Address) 19 Princeton St E. B. Date 6/14 1935									
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)									
DATE OF BURIAL June 15 1935									
22 NAME OF UNDERTAKER Richard H White									
ADDRESS 147 Winthrop Street Winthrop									
Received and filed _____ 19 _____ JUN 27 1935 (Registrar)									

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death,.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If death is caused by violence, the medical examiner shall not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectify, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectify shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 151, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

100m-12-134. No. 2038-f

Boston The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 120

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Sta. Hosp. Fort Banks, Mass. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELIZABETH M. HYATT (Soucy)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 2562 Washington St. Ward Roxbury, Mass.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
8 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Married</u> (write the word)	18 DATE OF DEATH <u>June</u> <u>15</u> <u>1935</u> (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of <u>Elizabeth M. Soucy</u> (Give maiden name of wife in full) (or) WIFE of <u>Seth Hyatt</u> (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from <u>June 14</u> , 19 <u>35</u> , to <u>June 15</u> , 19 <u>35</u> . I last saw her alive on <u>June 15</u> , 19 <u>35</u> , death is said to have occurred on the date stated above, at <u>11:12 AM</u> The principal cause of death and related causes of importance in order of onset were as follows:		
6 IF STILLBORN, enter that fact here.			<div style="float: right; border: 1px solid black; padding: 2px;">Date of Onset IMPORTANT</div> <u>1. Diabetes mellitus, chronic</u> <u>Unknown</u> <u>2. Toxemia, acute, diabetic.</u> <u>6/13/35</u>		
7 AGE <u>51</u> Years <u>2</u> Months <u>3</u> Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>					
10 Date deceased last worked at this occupation (month and year) <u> </u>			11 Total time (years) spent in this occupation <u> </u>		
12 BIRTHPLACE (City) <u>Newburyport, N. H.</u> (State or country)			Contributory causes of importance not related to principal cause: <u>none</u>		
13 NAME OF FATHER <u>Alexander Soucy</u>			Name of operation <u>none</u> Date of <u> </u> What test confirmed diagnosis? <u> </u> Was there an autopsy? <u>No</u>		
14 BIRTHPLACE OF FATHER (City) <u>Carribou, Maine</u> (State or country)			20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u> </u>		
15 MAIDEN NAME OF MOTHER <u>Unknown</u>			(Signed) <u>ROBERT E. THOMAS, Major, MC, M. D.</u> (Address) <u>Sta. Hosp. Ft. Banks, Mass.</u> Date <u>Jun 15 19 35</u>		
16 BIRTHPLACE OF MOTHER (City) <u>Unknown</u> (State or country)			21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>W. B. Clark Cemetery, Boston</u> (Cemetery) (City or town)		
17 Informant <u>Seth Hyatt</u> Relation, if any <u>(HUSBAND)</u> (Address) <u>2562 Washington St. Roxbury, Mass.</u>			DATE OF BURIAL <u>June 15 1935</u>		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. L. Clark, Jr.</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>6/17/35</u> (Date of Issue of Permit)			22 NAME OF UNDERTAKER <u>C. P. Bannison</u> ADDRESS <u>W. Wintthrop, Mass.</u>		
			Received and filed <u>June 18 1935</u> 19 <u> </u> (Registrar)		

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, ashenia, etc. A principal cause naming the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1 } PLACE OF DEATH

2 FULL NAME.

(a) **Residence**

Length of residence in city or town where death occurred 12 yrs.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M	4 COLOR OR RACE W	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
------------	----------------------	---

5a If married, widowed, or divorced

HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)

8 IF STILLBORN, enter that fact here

AGE 69 Years 2 Months 7 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housekeeper*

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *our home*

10 Date deceased last worked at this occupation (month and year) 11/1/93

11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City)..... Manchester
(State or country).....

13	NAME OF FATHER	John Robinson
----	----------------	---------------

14 BIRTHPLACE OF FATHER (City) Manchester

(State or country) England

15 MAIDEN NAME M. Johnson

OF MOTHER *Sara Wilson*
16 BIRTHPLACE OF *Manchester*

MOTHER (City) *London*
(State or country) *Eng*

17 Informant 1. W. Lee
(Address) 51 P. 17-0

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6 (Date of Issue of Permit)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR).....

(If nonresident, give city or town and state)

days. How long in U. S., if of foreign birth? 60 yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 16 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That ~~deceased~~^{never} deceased from

I last saw him alive on....., 19....., death is said
to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
1. Myocardial infarction	11/11/58
2. Atherosclerosis	11/11/58
3. Hypertension	11/11/58
4. Coronary artery disease	11/11/58
5. Diabetes mellitus	11/11/58
6. Chronic kidney disease	11/11/58
7. Chronic liver disease	11/11/58
8. Chronic lung disease	11/11/58
9. Chronic heart failure	11/11/58
10. Chronic obstructive pulmonary disease	11/11/58
11. Chronic renal failure	11/11/58
12. Chronic liver failure	11/11/58
13. Chronic lung failure	11/11/58
14. Chronic heart failure	11/11/58
15. Chronic obstructive pulmonary disease	11/11/58
16. Chronic renal failure	11/11/58
17. Chronic liver failure	11/11/58
18. Chronic lung failure	11/11/58
19. Chronic heart failure	11/11/58
20. Chronic obstructive pulmonary disease	11/11/58
21. Chronic renal failure	11/11/58
22. Chronic liver failure	11/11/58
23. Chronic lung failure	11/11/58
24. Chronic heart failure	11/11/58
25. Chronic obstructive pulmonary disease	11/11/58
26. Chronic renal failure	11/11/58
27. Chronic liver failure	11/11/58
28. Chronic lung failure	11/11/58
29. Chronic heart failure	11/11/58
30. Chronic obstructive pulmonary disease	11/11/58
31. Chronic renal failure	11/11/58
32. Chronic liver failure	11/11/58
33. Chronic lung failure	11/11/58
34. Chronic heart failure	11/11/58
35. Chronic obstructive pulmonary disease	11/11/58
36. Chronic renal failure	11/11/58
37. Chronic liver failure	11/11/58
38. Chronic lung failure	11/11/58
39. Chronic heart failure	11/11/58
40. Chronic obstructive pulmonary disease	11/11/58
41. Chronic renal failure	11/11/58
42. Chronic liver failure	11/11/58
43. Chronic lung failure	11/11/58
44. Chronic heart failure	11/11/58
45. Chronic obstructive pulmonary disease	11/11/58
46. Chronic renal failure	11/11/58
47. Chronic liver failure	11/11/58
48. Chronic lung failure	11/11/58
49. Chronic heart failure	11/11/58
50. Chronic obstructive pulmonary disease	11/11/58
51. Chronic renal failure	11/11/58
52. Chronic liver failure	11/11/58
53. Chronic lung failure	11/11/58
54. Chronic heart failure	11/11/58
55. Chronic obstructive pulmonary disease	11/11/58
56. Chronic renal failure	11/11/58
57. Chronic liver failure	11/11/58
58. Chronic lung failure	11/11/58
59. Chronic heart failure	11/11/58
60. Chronic obstructive pulmonary disease	11/11/58
61. Chronic renal failure	11/11/58
62. Chronic liver failure	11/11/58
63. Chronic lung failure	11/11/58
64. Chronic heart failure	11/11/58
65. Chronic obstructive pulmonary disease	11/11/58
66. Chronic renal failure	11/11/58
67. Chronic liver failure	11/11/58
68. Chronic lung failure	11/11/58
69. Chronic heart failure	11/11/58
70. Chronic obstructive pulmonary disease	11/11/58
71. Chronic renal failure	11/11/58
72. Chronic liver failure	11/11/58
73. Chronic lung failure	11/11/58
74. Chronic heart failure	11/11/58
75. Chronic obstructive pulmonary disease	11/11/58
76. Chronic renal failure	11/11/58
77. Chronic liver failure	11/11/58
78. Chronic lung failure	11/11/58
79. Chronic heart failure	11/11/58
80. Chronic obstructive pulmonary disease	11/11/58
81. Chronic renal failure	11/11/58
82. Chronic liver failure	11/11/58
83. Chronic lung failure	11/11/58
84. Chronic heart failure	11/11/58
85. Chronic obstructive pulmonary disease	11/11/58
86. Chronic renal failure	11/11/58
87. Chronic liver failure	11/11/58
88. Chronic lung failure	11/11/58
89. Chronic heart failure	11/11/58
90. Chronic obstructive pulmonary disease	11/11/58
91. Chronic renal failure	11/11/58
92. Chronic liver failure	11/11/58
93. Chronic lung failure	11/11/58
94. Chronic heart failure	11/11/58
95. Chronic obstructive pulmonary disease	11/11/58
96. Chronic renal failure	11/11/58
97. Chronic liver failure	11/11/58
98. Chronic lung failure	11/11/58
99. Chronic heart failure	11/11/58
100. Chronic obstructive pulmonary disease	11/11/58

Natural Causes Robbery
Angus Petron June 16/

Contributory causes of importance not related to principal cause:

.....
.....
.....
.....
.....

Name of operation *none* Date of
What test confirmed diagnosis? *Inserting atom* Was there an autopsy? *N.O.*

20 Was disease or injury in any way related to occupation of deceased? No
If so specify

(Signed) W. J. [Signature], M. D.
(Address) Woodward Road, [Address] Date June 15 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Woodlawn* *Everett*

DATE OF BURIAL June 19 1935

22 NAME OF UNDERTAKER *Wm. E. Gathens Inc*
ADDRESS *Breedham Mass*

Received and filed _____ 19 ____

JUN 27 1966
 A TRUE COPY, ATTEST: _____ (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit has been obtained for the removal of such body has been sooner obtained hereunder. If the death certificate contains a redial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such redial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, as amended by *Chap. 46, Acts of 1927 and Chap. 414, Acts of 1931.*

The medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when no precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32, No. 5469

1 PLACE OF DEATH

No. 24 Drvin

2 FULL NAME

Emma M. Lean

(a) Residence. No.

24 Drvin

Length of residence in city or town where death occurred

15 yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OF RACE

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

6a If married, widowed, or divorced

HUSBAND

(or) WIFE

Harold M. Lean

8 IF STILLBORN, enter that fact here.

7

AGE

45 Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10 Date deceased last worked at this occupation (month and year)

May 1935

11 Star time (years)

spent in this occupation

18

12 BIRTHPLACE (City)

(State or country)

Nova Scotia

13 NAME OF FATHER

Simon Terrier

14 BIRTHPLACE OF FATHER (City)

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Elizabeth Hubert

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant

(Address)

Thomas M. Lean, Brother-in-law
Cowan St. E. Boston

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

132

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,

specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

18

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 1

1935, to

June 17

1935

I last saw him alive on June 17, 1935, death is said

to have occurred on the date stated above, at 1.0 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

Date of Onset

IMPORTANT

6/17/35

Contributory causes of importance not related to principal cause:

chronic nephritis

1935

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Frederic O. Began

M. D.

(Address)

670 Beacon St.

Date 6/18/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross

(Cemetery)

(City or town)

DATE OF BURIAL

June 20

1935

22 NAME OF UNDERTAKER

William A. Leaner

ADDRESS

559 Saratoga St. B.

Received and filed

JUN 27 1935

19

(Registrar)

Revised Uniform States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *at home*. For a woman whose only occupation was that of house housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *widener*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sock factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be given. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions. If any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the duration as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 5 Summit Ave		St., Ward		Registered No. 100	
<p>2 FULL NAME <u>Mary Carl Hogan</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence. No. <u>5 Summit Ave.</u> St., Ward, (If nonresident, give city or town and state)</p> <p>Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.</p>											
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH					
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)					
Female		White		Widowed							
5a If married, widowed, or divorced						18 DATE OF DEATH <u>June 19 1935</u> (Month) (Day) (Year)					
HUSBAND of (Give maiden name of wife in full)						19 I HEREBY CERTIFY that I attended deceased from <u>June 19 1935</u> to <u>June 19 1935</u>					
(or) WIFE of <u>Patrick Hogan</u> (Husband's name in full)						Last saw h. <u>alive on June 10 1935</u> , death is said to have occurred on the date stated above, at <u>12 noon</u>					
6 IF STILLBORN, enter that fact here.						The principal cause of death and related causes of importance in order of onset were as follows:					
7 AGE <u>79</u> Years. Months. Days. If less than 1 day Hours. Minutes						<p><u>myocarditis</u> (myocarditis)</p> <p><u>Diabetes</u> (Diabetes)</p>					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						Date of Onset IMPORTANT					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.											
10 Date deceased last worked at this occupation (month and year) <u>June 17 1935</u>						11 Total time (years) spent in this occupation <u>50</u>					
12 BIRTHPLACE (City) <u>Boston</u> (State or country) <u>Mass</u>						Contributory causes of importance not related to principal cause: <u>Diabetes</u> (Diabetes)					
13 NAME OF FATHER <u>John Carl</u>						Name of operation. Date of. What test confirmed diagnosis? Was there an autopsy?					
14 BIRTHPLACE OF FATHER (City) <u>Ireland</u> (State or country)						20 Was disease or injury in any way related to occupation of deceased?					
15 MAIDEN NAME OF MOTHER <u>Cannot be learned</u>						If so, specify (Signed) <u>E. J. Mulvey</u> , M. D. (Address) <u>6 Washington St.</u> Date <u>6/20/35</u>					
16 BIRTHPLACE OF MOTHER (City) <u>Ireland</u> (State or country)						21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Calvary Boston</u> (Cemetery) (City or town)					
17 Informant <u>Dr. Daniel J. Hogan</u> (Address) <u>5 Summit Ave.</u>						DATE OF BURIAL <u>June 22 1935</u> 19					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:						22 NAME OF UNDERTAKER <u>John D. Males</u> ADDRESS <u>Winthrop</u>					
<u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other)						Received and filed <u>JUN 21 1935</u> 19					
<u>Health Officer</u> (Official Designation)						(Registrar)					
<u>6/21/35</u> (Date of Issue of Permit)											

Revised Uniform States Standard Certificate of Death

EXTRACTS FROM THE LAW OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatic injury (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and **those of persons found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34, No. 2938-f

1 PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Fort Banks, St., Ward

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1935

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME WALTER F. LUCAS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No Sta. Hosp. Ft. Banks, Mass. St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 1 mos. 20 days

How long in U. S., if of foreign birth?

yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days if less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Army

10 Date deceased last worked at this occupation (month and year) Unknown
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) Ohio

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) (State or country) Unknown

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Unknown

17 Informant Registrar, Sta. Hosp. (Address) Ft. Banks, Mass. Relation, if any (none)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
(Date of Issue of Permit) 6/27/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 23 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 3, 1935 to June 23, 1935

I last saw him alive on June 22, 1935, death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

1. Myocarditis, chronic, severe. over 2yrs
2. Arteriosclerosis, generalized, severe. 6/33
3. Myocardial failure 6/23/35

Contributory causes of importance not related to principal cause:

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify No

(Signed) ROBERT E. THOMAS, M. D.
(Address) Sta. Hosp. Ft. Banks, Mass. Date June 23, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest City Portland, Me. (Cemetery) (City or town)

DATE OF BURIAL June 26 1935

22 NAME OF UNDERTAKER C. R. Bennison
ADDRESS Wintthrop, Mass.

Received and filed JUN 27 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration and other necessary information which can be obtained as to the deceased or as to the manner or cause of the death, (Tentative Edition) which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tentative Edition).*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchant, wholesaler, and not a clerk.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Acute enteritis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Caputal hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia) agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">PLACE OF DEATH</div> <div> <p>1</p> <p>2</p> </div> </div>		<div style="display: flex; align-items: center;"> <div> <p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p> </div> </div>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. <u>1935</u></p>
<p>PLACE OF DEATH</p> <p>(County) <u>Suffolk</u></p> <p>(City or Town) <u>Winthrop</u></p> <p>No. <u>44 Prospect Ave.</u> St. <u></u> Ward <u></u></p>		<p>(If death occurred in a hospital or institution, give its NAME instead of street and number)</p> <p>(If U. S. War Veteran, specify WAR)</p>		
<p>FULL NAME <u>Antellina Freeman Dexter</u></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>				
<p>(a) Residence. No. <u>44 Prospect Ave.</u> St. <u></u> Ward <u></u></p> <p>(Usual place of abode)</p> <p>Length of residence in city or town where death occurred <u>7</u> yrs. mos. days. How long in U. S., if of foreign birth? <u>12</u> yrs. mos. days.</p>				
<p>PERSONAL AND STATISTICAL PARTICULARS</p>				
<p>3 SEX <u>Female</u></p>	<p>4 COLOR OR RACE <u>White</u></p>	<p>5 SINGLE (write the word) <u>Widowed</u></p> <p>MARRIED</p> <p>WIDOWED</p> <p>OR DIVORCED</p>		
<p>5a If married, widowed, or divorced</p> <p>HUSBAND of <u>William F. Dexter</u> (Give maiden name of wife in full)</p> <p>(or) WIFE of <u>William F. Dexter</u> (Husband's name in full)</p>				
<p>6 IF STILLBORN, enter that fact here.</p>				
<p>7 AGE <u>95</u> Years <u>11</u> Months <u>28</u> Days If less than 1 day</p> <p>Hours <u></u> Minutes <u></u></p>				
<p>OCCUPATION</p> <p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u></p> <p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.</p> <p>10 Date deceased last worked at this occupation (month and year)</p> <p>11 Total time (years) spent in this occupation</p>				
<p>12 BIRTHPLACE (City) <u>Pleasant River</u></p> <p>(State or country) <u>N. S.</u></p>				
<p>PARENTS</p> <p>13 NAME OF FATHER <u>David Freeman</u></p> <p>14 BIRTHPLACE OF FATHER (City) <u>Nova Scotia</u></p> <p>(State or country)</p> <p>15 MAIDEN NAME OF MOTHER <u>Desire Mack</u></p> <p>16 BIRTHPLACE OF MOTHER (City) <u>Nova Scotia</u></p> <p>(State or country)</p>				
<p>17 <u>Daughter of</u> <u>Wm. F. E. Weitzen</u></p> <p>(Address) <u>44 Prospect Ave., Winthrop, Mass.</u></p>				
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p><u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other)</p> <p>Health Officer (Official Designation) <u>7/1/35</u> (Date of Issue of Permit)</p>				
<p>MEDICAL CERTIFICATE OF DEATH</p>				
<p>18 DATE OF DEATH <u>June 30 1935</u></p> <p>(Month) (Day) (Year)</p>				
<p>19 I HEREBY CERTIFY, That I attended deceased from <u>June 23 1935</u> to <u>June 30 1935</u></p> <p>I last saw him alive on <u>June 28 1935</u>, death is said to have occurred on the date stated above, at <u>1:45 A. M.</u></p> <p>The principal cause of death and related causes of importance in order of onset were as follows:</p> <p><u>Chronic Myocarditis</u></p> <p>Date of Onset <u>Jan 1934</u></p> <p>IMPORTANT</p>				
<p>Contributory causes of importance not related to principal cause:</p>				
<p>Name of operation <u>None</u> Date of <u></u></p> <p>What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>No</u></p>				
<p>20 Was disease or injury in any way related to occupation of deceased? <u>No</u></p> <p>If so, specify <u>Raymond C. Parker</u>, M. D.</p> <p>(Signed) <u>Winthrop, Mass.</u> Date <u>June 30 1935</u></p> <p>(Address)</p>				
<p>21 PLACE OF BURIAL <u>Caladonis Queens County NS</u></p> <p>CREMATION OR REMOVAL (Cemetery) (City or town)</p> <p>DATE OF BURIAL <u>Wed July 3, 1935</u></p>				
<p>22 NAME OF UNDERTAKER <u>Richard E. White</u></p> <p>ADDRESS <u>147 Winthrop St., Winthrop Mass.</u></p>				
<p>Received and filed <u>July 5 1935</u></p> <p>(Registrar)</p>				

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where some was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purposes, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45 (C. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis	Date of onset
1915	
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is made.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-134. No. 2938-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

136

Registered No.

1 PLACE OF DEATH
(County)
(City or Town) **Winthrop**
No. **97 Woodside Ave.** St. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Carolina A.F. Harrington nee Andrews.**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **202 Princeton St.** St. **1** Ward, **East Boston**
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. **4** mos. **26** days. How long in U. S., if of foreign birth? **life** mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Widow** (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of **Samuel F. Harrington**

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **77** Years **9** Months **29** Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.....

12 BIRTHPLACE (City) **East Boston**
(State or country) **Mass.**

13 NAME OF FATHER **Albert Andrews**

14 BIRTHPLACE OF FATHER (City) **Lyman**
(State or country) **Maine.**

15 MAIDEN NAME OF MOTHER **Carolina A.W. Farwell**

16 BIRTHPLACE OF MOTHER (City) **Portland**
(State or country) **Maine**

17 Informant **Emma L. Hughes** (Address) **97 Woodside Ave., Winthrop, Mass.** Relation, if any **niece**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Wm. S. Childress
(Official Designation) **Health Officer** (Date of Issue of Permit) **7/2/35**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 30, 1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from **Feb. 2, 1930**, to **June 30, 1935**

I last saw **her** alive on **June 30, 1935**, death is said to have occurred on the date stated above, at **10:30 a.m.**

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANT

Chronic myocarditis 1931

Contributory causes of importance not related to principal cause:

Cardiac dilatation Feb. 1930

Name of operation **none** Date of Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Cardiac dilatation**

(Signed) **Wm. S. Childress** M. D.
(Address) **37 Princeton St., Winthrop, Mass.** Date **July 1, 1935**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Woodlawn Everett.**
(Cemetery) (City or town)

DATE OF BURIAL **July 2, 1935**

22 NAME OF UNDERTAKER **Emma C. Rollins & W.**
ADDRESS **300 Meridian St., E. Boston**

Received and filed..... 19.....

JUL 5 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*spinster family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
<hr/>	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
..... <i>Atherosclerosis</i>1913.....
..... <i>Chronic interstitial nephritis</i>1921.....
..... <i>Cerebral hemorrhage</i>July 5, 1927.....
.....Contributory causes of importance not related to principal cause:.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 33 Circuit Road St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 127

2 FULL NAME Grace Maud Dockham
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 33 Circuit Road St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. 6 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years. Months. Days If less than 1 day Hours. Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) June, 1935 11 Total time (years) spent in this occupation 11

12 BIRTHPLACE (City) Farmington (State or country) New Hampshire

13 NAME OF FATHER David S. Dockham

14 BIRTHPLACE OF FATHER (City) Gilmanton (State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Mary E. Herring

16 BIRTHPLACE OF MOTHER (City) Farmington (State or country) New Hampshire

17 Informant George H. Dockham (brother) (Address) 33 Circuit Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 7/6/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 4 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 10, 1935, to July 4, 1935.
I last saw her alive on July 3, 1935, death is said to have occurred on the date stated above, at 6 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis Date of Onset Jan 1935

Contributory causes of importance not related to principal cause:

Hypertension June 1934

Name of operation none Date of What test confirmed diagnosis? Cerebral Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Byron B Parker M. D. (Address) Winthrop Mass Date July 6, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Edgall Grove Framingham (Cemetery) (City or town) 35
DATE OF BURIAL July 6, 1935

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed JUL 10 1935 (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- To be complete, an occupation return must state:
 - 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*
- Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....
Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from diseases unrelated to any form of injury.
 - (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) Medical Examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD! Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33, No. 9321-a

1	PLACE OF DEATH	Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH	To be filed for burial permit with Board of Health or its Agent.	
		Winthrop (City or Town)			Registered No. 134	
No.		970 Shirley St.		St.	Ward	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME		Minnie Ryder Chaplin		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)
(a) Residence. No.		911 Shirley St.		St.	Ward	(If nonresident, give city or town and state)
(Usual place of abode)						
Length of residence in city or town where death occurred		10 yrs.		mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS						
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED				
Female	White	Married				
5a If married, widowed, or divorced						
HUSBAND of (Give maiden name of wife in full) Frank P. Chaplin						
(or) WIFE of (Husband's name in full)						
6 IF STILLBORN, enter that fact here.						
7 AGE	69	10	6	If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
	Housewife					
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
At Home						
10 Date deceased last worked at this occupation (month and year)						
11 Total time (years) spent in this occupation						
12 BIRTHPLACE (City) Yarmouthport (State or country) Mass.						
PARENTS	13 NAME OF FATHER Enoch F. Ryder					
	14 BIRTHPLACE OF FATHER (City) Yarmouthport (State or country) Mass.					
	15 MAIDEN NAME OF MOTHER Elizabeth Gorham					
	16 BIRTHPLACE OF MOTHER (City) Yarmouthport (State or country) Mass.					
17 Informant (Address) Frank P. Chaplin (Husband) 911 Shirley St. Winthrop						
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) Health Officer 7/8/35 (Official Designation) (Date of Issue of Permit)						
MEDICAL CERTIFICATE OF DEATH						
18 DATE OF DEATH		July 6		1935		
		(Month)		(Day)		(Year)
19 I HEREBY CERTIFY, That I attended deceased from July 2, 1935, to July 6, 1935.						
I last saw her alive on July 6, 1935, death is said to have occurred on the date stated above, at 10 A.M.						
The principal cause of death and related causes of importance in order of onset were as follows:						
1. Cerebral Hemorrhage.						Date of Onset IMPORTANT July 2, 1935
2. Hypertensive Pneumonia						
Contributory causes of importance not related to principal cause: myocarditis						
Name of operation Date of operation						
What test confirmed diagnosis? Clinical Was there an autopsy? No						
20 Was disease or injury in any way related to occupation of deceased?						
If so, specify (Signed) H. J. Sumner M. D. (Address) 321 Commercial St. Date July 6, 1935						
21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Crematory (Cemetery) (City or town)						
DATE OF BURIAL July 9 1935						
22 NAME OF UNDERTAKER Richard H. White						
ADDRESS 147 Winthrop St. Winthrop						
Received and filed July 1, 1935 (Registrar)						

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

- No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchant, and wholesale merchant.* A person who sells goods should be called a *salesman* and not a *clerk.*

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Aortic atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1931
<i>Cerebral hemorrhage</i>	July 5, 1937
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unusually due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection, related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-f

Melrose 8/8/35

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 139

1 PLACE OF DEATH
Middlesex
(County)
Winthrop
(City or Town)
No. 19 Fremont St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Christine Campbell Fox
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 986 Main St., Ward, Melrose, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 3 days. How long in U. S., if of foreign birth? 55 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George Fox
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 10 Months 22 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housework

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Own Home

10 Date deceased last worked at
this occupation (month and
year) 1927 11 Total time (years)
spent in this occupation 48

12 BIRTHPLACE (City) Lime Hill
(State or country) Cape Breton, Nova Scotia

13 NAME OF FATHER Angus Campbell

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Mary MacLean

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

17 Informant Mrs. George G. Ross (Daughter)
(Address) 986 Main St. Melrose, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/8/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 6 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 6, 1935, to July 6, 1935
last saw him alive on July 6, 1935, death is said
to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance in order of onset
were as follows:

Chronic Myocarditis Jan 1935
Acute Dilatation of Heart July 1935

Contributory causes of importance not related to principal cause:

Purpura Gramia 1930

Name of operation None Date of
What test confirmed diagnosis? Urine Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Eugene B. Parker Ch M. D.
(Address) Winthrop Board of Health Date July 7, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove, Dorchester
(Cemetery) (City or town)

DATE OF BURIAL July 9, 1935

22 NAME OF UNDERTAKER Frank S. Whitney
ADDRESS 30 Laurel St., Melrose

Received and filed July 10 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soda factory, cotton mill, etc.*
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*
- Statement of causes of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30, No. 7997-g

1 PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)

No. 25 Ocean View

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 110

2 FULL NAME

Austin T. McKeough
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Ocean View
(Usual place of abode)

St. Ward

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? 73 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE MARRIED WIDOWED or DIVORCED widowed (write the word)

6a If married, widowed, or divorced HUSBAND of Kathleen Duggan
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel + Restaurant
10 Date deceased last worked at this occupation (month and year) July 1/35
11 Total time (years) spent in this occupation 40 yrs

12 BIRTHPLACE (City). (State or country) Nova Scotia

13 NAME OF FATHER Neal M^c/Keough

14 BIRTHPLACE OF FATHER (City). (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Maria MacDonald

16 BIRTHPLACE OF MOTHER (City). (State or country) Nova Scotia

17 Informant Herbert M^c/Keough (son)
(Address) 25 Ocean View St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Swilley
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 7/9/35

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 8 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Pulmonary Embolism
Thrombosis of + embolism of
following hemiplegia left of facial
region + hand + leg
Pneumonia following stroke

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Boston
(Signed) William Henry Walter, M. D.
(Address) Date July 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL July 11 1935

22 NAME OF UNDERTAKER Frederick H. Tape
ADDRESS 145 Main St. Winthrop

Received and filed JUL 10 1935 19
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **141**

1 PLACE OF DEATH **Supper**
Wentworth (County)
Wentworth (City or Town)
No. **Wentworth Hospital** St., **Ward** {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Lillie R. Fleisher**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **4 Woodside Park** St., **Ward**,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth **55** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Married** (write the word)

5a If married, widowed, or divorced HUSBAND of **Simon Fleisher**
(or) WIFE of **Simon Fleisher**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **58** Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
10 Date deceased last worked at this occupation (month and year) **July 9/35** 11 Total time (years) spent in this occupation **34**

12 BIRTHPLACE (City) **Russia**
(State or country)

13 NAME OF FATHER **Moses N. London**

14 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

15 MAIDEN NAME OF MOTHER **Lillie Bockshitz**

16 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

17 Informant **Simon Fleisher** (Relation, if any)
(Address) **4 Woodside Park Wentworth**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Gull
(Signature of Agent of Board of Health or other)
(Official Designation)

7/10/35
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **July 9 1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **January 10 1932** to **July 9 1935**
I last saw him alive on **July 9 1935**, death is said to have occurred on the date stated above, at **7:00 P.M.**
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

Date of Onset
July 9 1935

Contributory causes of importance not related to principal cause:

Arteriosclerosis **1930**

Name of operation **none** Date of **none**
What test confirmed diagnosis **pathology** Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **James A. Chagnon, M.D.**
(Address) **662 Bayley St. July 9/35**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **St. Mary's Church**
(Cemetery) (City or town)

DATE OF BURIAL **July 11 1935**

22 NAME OF UNDERTAKER **Lawrence**
ADDRESS **200 W. 11th St. W. 11th St.**

Received and filed **July 12 1935** 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

Undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of the attending physician, if there is no attending physician, or if, for the purposes, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any year in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-134, No. 2938-f

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital St. Ward

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 142

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Allen Edward Newton, Junior

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 258 Court Road

(Usual place of abode)

St.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 16 yrs. 2 mos. 16 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 16 Years 2 Months 16 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10 Date deceased last worked at this occupation (month and year) June 1935 11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

13 NAME OF FATHER Allen Edward Newton

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Edith Sawyer

16 BIRTHPLACE OF MOTHER (City) Malden (State or country) Massachusetts

17 Informant (Address) Allen E. Newton (father) 258 Court Road Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 7/22/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 20 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 23, 1935, to July 20, 1935.

I last saw him alive on July 20, 1935, death is said to have occurred on the date stated above, at 1:15 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Death, apoplexy, Apoplexy, Sept 4, 1935

Date of Onset
IMPORTANT
June 23, 1935

Contributory causes of importance not related to principal cause:

Name of operation Apoplexy Date of June 23, 1935
What test confirmed diagnosis? Necropsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop, Mass. Date July 24, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL July 22, 1935

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JUL 24 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent as aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, make such certificate. If death is caused by violence, the medical examiner shall not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose. The certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur in it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation of the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. *Community Hospital Winthrop*

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Charles E. Rowe*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. *515*

(a) Residence. No. *40 Welshire St.* Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *20 yrs.* mos. days. How long in U. S., if of foreign birth? *42 yrs.* mos. days.

(If U. S. War Veteran, specify WAR)

143

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)

5a If married, widowed, or divorced HUSBAND of *Marion Paul Rowe*
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *51* Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home Painter*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) *June 1983* 11 Total time (years) spent in this occupation *30 yrs*

12 BIRTHPLACE (City) *Newfoundland*
(State or country)

13 NAME OF FATHER *Eli Rowe*

14 BIRTHPLACE OF FATHER (City) *Newfoundland*
(State or country)

15 MAIDEN NAME OF MOTHER *Mary Ann Crawford*

16 BIRTHPLACE OF MOTHER (City) *Newfoundland*
(State or country)

17 Informant *M. Wallis Rowe*
(Address) *46 Welshire St. Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) *7/23/35*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 20 1935*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *July 9 1935* to *July 20 1935*
last seen alive on *July 17 1935*, death is said

to have occurred on the date stated above, at *7 A* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Sudden pneumonia 7/9

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *J. H. Rockitt* M. D.
(Address) *127 Main Ave. Arlington* Date *7/20 1935*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Winthrop*
(Cemetery) (City or town)

DATE OF BURIAL *July 22 1935*

22 NAME OF UNDERTAKER *Joseph H. Rockitt*
ADDRESS *127 Main Ave. Arlington*

Received and filed *JUL 23 1935* 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook*, *help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-f

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. **Winthrop Community Hospital** Ward {



Office of the Secretary
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

2 FULL NAME **Louise Bailey**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **105 Lexington** St., **I** Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred **40** yrs. mos. days. How long in U. S., if of foreign birth **62** yrs. mos. days.

{ (If U. S.
War Veteran,
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
6a If married, widowed, or divorced HUSBAND of Milton Elsworth Bailey (Give maiden name of wife in full) (or) WIFE of Milton Elsworth Bailey (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE 63 Years.....Months.....Days If less than 1 day Hours.....Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home	
	10 Date deceased last worked at this occupation (month and year)..... 11 Total time (years) spent in this occupation.....	
12 BIRTHPLACE (City) Ontario (State or country) Canada		
PARENTS	13 NAME OF FATHER Charles Coulter	
	14 BIRTHPLACE OF FATHER (City) Manchester England (State or country)	
	15 MAIDEN NAME OF MOTHER Jane (Unknown)	
	16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Canada	
17 Informant Eliza Ralys (Address) 105 Lexington St. E. B. (Signature of Agent of Board of Health or other)		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 21, 1935 (Month) (Day) (Year)	19 I HEREBY CERTIFY that I attended deceased from July 15, 1935 to July 21, 1935 I last saw him alive on July 15, 1935 , death is said to have occurred on the date stated above, at 3 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Acute Pulmonary Edema and Chronic Myocarditis Contributory causes of importance not related to principal cause: Prior Pneumonia Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no If so, specify George H. Schwartz , M. D. (Signed) (Address) 19 Princeton St. Date 7/22 1935	
21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (City or town) DATE OF BURIAL July 24, 1935	
22 NAME OF UNDERTAKER Emmett C. Pollins ADDRESS 300 Meridian St. East Boston	

Date of Onset
IMPORTANT
7/20/35
7/15/35

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
M. M. D. Cullen
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **7/23/35** (Date of Issue of Permit)

Received and filed **JUL 24 1935**
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spined*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, ashenia, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is rendered.
 - (3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

PLACE OF DEATH

Suffolk
(County)
Wenlock
(City or Town)

No. *109 Bowdoin St.* St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. *145*2 FULL NAME *Hugh Williams*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *109 Bowdoin* St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *30* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *widowed* (write the word)

5a If married, widowed, or divorced HUSBAND of *Mary Jones deceased*
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here. *no*

7 AGE *77* Years *1* Months *1* Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Mason Business*
10 Date deceased last worked at this occupation (month and year) *7/26/35* 11 Total time (years) spent in this occupation *60*

12 BIRTHPLACE (City) *North Wales*
(State or country) *Great Britain*

13 NAME OF FATHER *John William*

14 BIRTHPLACE OF FATHER (City) *Wales*
(State or country)

15 MAIDEN NAME OF MOTHER *Sarah. Lloyd*

16 BIRTHPLACE OF MOTHER (City) *unable to obtain*
(State or country) *Wales*

17 Information (Address) *John William* Relation, if any
435 William Way

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *7/29/35*

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH *July 27* *1935*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *July 22* 19*35* to *July 22* 19*35*

I last saw him alive on *July 22* 19*35*, death is said to have occurred on the date stated above, at *5 A.* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANTContributory causes of importance not related to principal cause:
arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify *Heart* M. D.
(Signed) *Chas. R. Bernier*
(Address) *Wenlock* Date *7/28/35*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Woodlawn* *Graved* *Me*
(Cemetery) (City or town)

DATE OF BURIAL *July 29* 19*35*22 NAME OF UNDERTAKER *Chas. R. Bernier*ADDRESS *Wenlock* *Mass*Received and filed *Jul* 19*35*

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standardized certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an official informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of the certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retinal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retinal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to **injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up, changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *plumber*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1914
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1 PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 9 Wheelock St.		St.		Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME												(If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a) Residence. No. 9 Wheelock St. St. Ward.												(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 20 yrs. mos. days.												How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS													
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)							
Male		White		Married									
6a If married, widowed, or divorced													
HUSBAND of Mary A. Wilson (Give maiden name of wife in full)													
(or) WIFE of (Husband's name in full)													
6 IF STILLBORN, enter that fact here.													
7 AGE 61 Years Months Days If less than 1 day Hours Minutes													
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Saw filer											
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		all kinds											
10 Date deceased last worked at this occupation (month and year)		July 1934											
11 Total time (years) spent in this occupation		30											
12 BIRTHPLACE (City) Charlestown, Mass.													
13 NAME OF FATHER Ira M. Bumpus													
14 BIRTHPLACE OF FATHER (City) Maine													
15 MAIDEN NAME OF MOTHER Emily Hull													
16 BIRTHPLACE OF MOTHER (City) East Boston Mass.													
17 Informant Mrs. Mary A. Bumpus, wife (Address) 9 Wheelock St., Winthrop													
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:													
(Signature of Agent of Board of Health or other) <i>Wm. D. Childress</i>													
(Official Designation) <i>Health Officer</i> (Date of Issue of Permit) <i>8/1/35</i>													
MEDICAL CERTIFICATE OF DEATH													
18 DATE OF DEATH July 30, 1935 (Month) (Day) (Year)													
19 I HEREBY CERTIFY that I attended deceased from Jan 1, 1934, to July 30, 1935													
I last saw him alive on July 29, 1935, death is said to have occurred on the date stated above, at 24 m.													
The principal cause of death and related causes of importance in order of onset were as follows:													
Acute Pulmonary Edema													
Contributory causes of importance not related to principal cause: Chronic Myocarditis													
Name of operation Date of													
What test confirmed diagnosis? Was there an autopsy? ho													
20 Was disease or injury in any way related to occupation of deceased? ho													
If so, specify George H. Schwartz, M. D.													
(Signed) (Address) 19 Princeton St. Date 7/30/35													
21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Cemetery, (Cemetery) (City or town)													
DATE OF BURIAL August 1, 1935 Boston 19													
22 NAME OF UNDERTAKER Richard C. Kirby													
ADDRESS East Boston													
Received and filed 19													
(Registrar)													

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 414, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Sec. 45, G. L., as amended by Chap. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
...It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Dr. Swartz, Princeton St.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m.-0.-33. No. 9321-a

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 480 Winthrop



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 483

2 FULL NAME

Richard Gionet

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 480
(Usual place of abode)

St. Winthrop Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE white
5 SINGLE MARRIED WIDOWED OR DIVORCED Single (write the word)

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

or WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days 2 If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop Mass.
(State or country)

13 NAME OF FATHER Lester Gionet

14 BIRTHPLACE OF FATHER (City) Shirley Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Mary Rhyno

16 BIRTHPLACE OF MOTHER (City) Middle N.S.
(State or country)

17 Informant (Address) Lester Gionet (father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
Health Officer
(Official Designation)
8/1/35
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 31 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 31, 19 to Aug. 1st, 1935

I last saw him alive on Aug. 1st, 1935, death is said

to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Pre-maturity (8 mos)
Pteleoetasis

Date of Onset
IMPORTANT

Birth
July 12/15

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Frederick Angleton M. D.
(Signed) 284 Chestnut St Date Aug. 1/1935
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph's Cemetery (City or town)

DATE OF BURIAL July 31 1935

22 NAME OF UNDERTAKER F. J. Rosky, Inc.
ADDRESS 567 Beacon St.

Received and filed AUG 1 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death, as related causes, name earlier morbid conditions. If any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by **recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



SUFFOLK
(County)

BOSTON
(City or Town)

BOSTON

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 6624

PLACE OF DEATH

No. Mass General Hospital -St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frederick R Manning

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

148

(a) Residence. No. 79 Highland Ave. St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Dorothy Hurley (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 40 Years Months Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. letter carrier
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Post Office
10 Date deceased last worked at this occupation (month and year) June 1935 11 Total time (years) spent in this occupation 18

12 BIRTHPLACE (City) East Boston (State or country)

13 NAME OF FATHER Michael E Manning

14 BIRTHPLACE OF FATHER (City) Boston (State or country)

15 MAIDEN NAME OF MOTHER Margaret F McCormick

16 BIRTHPLACE OF MOTHER (City) Boston (State or country)

17 Informant Widow Dorothy Manning (Address) above

A TRUE COPY. Hilda Hedstrom Quirk

ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 22 19 35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 17 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to July 17, 19 35

I last saw him alive on July 17, 19 35, death is said to have occurred on the date stated above, at 7.52Am.

The principal cause of death and related causes of importance in order of onset were as follows:

carcinomatosis primary site undetermined 2 yrs

Contributory causes of importance not related to principal cause:

Name of operation expl lap Date of 7/8/35
What test confirmed diagnosis? clin Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? If so, specify N C Baker M. D.
(Signed) (Address) Boston Date 7/17/19 35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Malden (City or town)
DATE OF BURIAL July 20 1935

22 NAME OF UNDERTAKER F J Magrath
ADDRESS Boston

Received and filed AUG 12 1935 19 35

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY; WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 20 Banks St. St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Sarah E. Gleason
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

150

(a) Residence. No. 20 Banks St. St. Ward.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? 60 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)
Female White MARRIED
or WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)
(or) WIFE of John H. Gleason
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, At Home
sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Dec. 1934 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Nicholas J. Curran

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Elizabeth Wilshire

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Walter Gleason, son
(Address) 20 Banks St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Wm. D. Gildersleepe
(Official Designation) 8/7/35
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 7 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 22 1935, to Aug 7 1935

I last saw him alive on Aug 7 1935, death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Infection of
Self Hysteria

Name of operation Cholelithomy Date of 8/3/35
What test confirmed diagnosis? Was there an autopsy? 1

20 Was disease or injury in any way related to occupation of deceased?

If so, specify C. J. Gleason, M. D.
(Signed) (Address) 20 Banks St., Winthrop Date 8/3/35

21 PLACE OF BURIAL, Holy Cross, Malden
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Aug 7, 1935 19

22 NAME OF Undertaker Richard Kirby
ADDRESS East Boston

Received and filed AUG 7 1935 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school of at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a certificate from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-f

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital, Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 151

2 FULL NAME William Moses Walsh

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 32 Upland Road

(Usual place of abode)

St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Mary Ann Hoppercroft

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

84

Years

8

Months

10

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Contractor in Home Construction

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Building sites

10 Date deceased last worked at this occupation (month and year)

1905

11 Total time (years) spent in this occupation

30

12 BIRTHPLACE (City)

Quebec

(State or country)

Canada

13 NAME OF FATHER

Unable to obtain

14 BIRTHPLACE OF FATHER (City)

Unable to obtain

(State or country)

Unable to obtain

15 MAIDEN NAME OF MOTHER

Unable to obtain

16 BIRTHPLACE OF MOTHER (City)

Unable to obtain

(State or country)

Unable to obtain

17

Informant (Address)

Mrs. I. William Crowe (daughter)

32 Upland Road Winthrop Mass.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Aug 11

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 15, 1935, to Aug 11, 1935.

I last saw him alive on Aug 11, 1935, death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia

Date of Onset

IMPORTANT

Aug 7

Contributory causes of importance not related to principal cause:

Myocarditis
Atherosclerosis

1934

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Crowe

(Address) 32 Upland Road

Date

8/11

M. D.

1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Hillside, Plainfield

(Cemetery)

N. J. (City or town)

DATE OF BURIAL

August 14

1935

22 NAME OF UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop Mass.

Received and filed

AUG 20 1935

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or from the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or an affidavit thereof, as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application, make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counterseign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicemia), and by the action of chemical (drugs or poisons), electrical, or climatical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying. *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1913
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a.

PLACE OF DEATH		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22																	
Suffolk (County)		Winthrop (City or Town)		No. 187 Court Road St.		Ward		Full Name Ruth F. Jones		(a) Residence No. 187 Court Rd. S.		Ward Winthrop		Length of residence in city or town where death occurred 5 yrs. mos. days		How long in U. S., if of foreign birth? yrs. mos. days		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH August 12, 1935		19 I HEREBY CERTIFY That I attended deceased from Aug 5, 1935, to Aug 12, 1935		I last saw her alive on Aug 12, 1935, death is said to have occurred on the date stated above, at 4 p.m.		The principal cause of death and related causes of importance in order of onset were as follows: Pulmonary Haemorrhage 8/5/35		Contributory causes of importance not related to principal cause: Edema of Lungs 8/7/35		Name of operation none Date of operation		What test confirmed diagnosis? Was there an autopsy?		20 Was disease or injury in any way related to occupation of deceased? No		If so, specify (Signed) Harry C. Jones, M. D. (Address) 187 Court Rd., Winthrop Date 8/12/35		21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope, Boston (Cemetery) (City or town)		DATE OF BURIAL August 16, 1935		22 NAME OF UNDERTAKER C. M. Hickey, Inc. ADDRESS 403 Main St., Brockton		Received and filed AUG 20 1935 (Registrar)															
1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22																			
SEX Female		COLOR OR RACE White		SINGLE MARRIED WIDOWED or DIVORCED Single		5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		(or) WIFE of (Husband's name in full)		6 IF STILLBORN, enter that fact here.		7 AGE 41 Years 5 Months 16 Days If less than 1 day Hours Minutes		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano teacher		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10 Date deceased last worked at this occupation (month and year) July 1935		11 Total time (years) spent in this occupation 18		12 BIRTHPLACE (City) (State or country) Braintree Mass.		13 NAME OF FATHER Harry C. Jones		14 BIRTHPLACE OF FATHER (City) (State or country) Hudson New Hampshire		15 MAIDEN NAME OF MOTHER Sarah A. Gilson		16 BIRTHPLACE OF MOTHER (City) (State or country) Andover Mass.		17 Informant (Address) Harry C. Jones 187 Court Rd., Winthrop		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: W. M. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/15/35 (Date of Issue of Permit)		18 DATE OF DEATH August 12, 1935		19 I HEREBY CERTIFY That I attended deceased from Aug 5, 1935, to Aug 12, 1935		I last saw her alive on Aug 12, 1935, death is said to have occurred on the date stated above, at 4 p.m.		The principal cause of death and related causes of importance in order of onset were as follows: Pulmonary Haemorrhage 8/5/35		Contributory causes of importance not related to principal cause: Edema of Lungs 8/7/35		Name of operation none Date of operation		What test confirmed diagnosis? Was there an autopsy?		20 Was disease or injury in any way related to occupation of deceased? No		If so, specify (Signed) Harry C. Jones, M. D. (Address) 187 Court Rd., Winthrop Date 8/12/35		21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope, Boston (Cemetery) (City or town)		DATE OF BURIAL August 16, 1935		22 NAME OF UNDERTAKER C. M. Hickey, Inc. ADDRESS 403 Main St., Brockton		Received and filed AUG 20 1935 (Registrar)	

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *household*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been secured hereunder. If the death certificate contains a rectify, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectify shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease and related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



Melrose

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH

Middlesex

(County)

Melrose

(City or Town)

No. 206 Perkins

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lewis Eaton Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

153

(a) Residence. No. 9 Lincoln

St.,

Ward Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 6 mos.

days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Mrs. Ellen Nason

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 73

Years 2

Months 10

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Evangelist

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

W. B. Evangelist Assoc.

10 Date deceased last worked at this occupation (month and year)

May 1935

11 Total time (years)

spent in this occupation 35

12 BIRTHPLACE (City)

Portland

(State or country)

Maine

13 NAME OF FATHER

Lewis Blackmer Smith

14 BIRTHPLACE OF FATHER (City)

Bath

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Julia Eaton

16 BIRTHPLACE OF MOTHER (City)

Maine

(State or country)

17

Informant

(Address)

Lewis Eaton Smith Jr.

206 Perkins St., Melrose

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Aug. 17, 1935

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

August 15, 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May

1935

to Aug.

1935

I last saw him alive on Aug. 15, 1935, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Chronic Myocarditis

1935

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James E. Fish

M. D.

(Address) Melrose, Mass.

Date 8/15 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL Aug. 18, 1935

19

22 NAME OF UNDERTAKER

C. R. Bernison

ADDRESS

Winthrop, Mass.

Received and filed

AUG 20 1935

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-b

1 PLACE OF DEATH

Elmhurst
(County)
Winstthrop
(City or Town)

No. *6* *Somerset Terrace* St. *Ward*

2 FULL NAME

William Rosenfeld
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *6* *Somerset Terrace* St. *Ward*
(Usual place of abode)

Length of residence in city or town where death occurred *5* yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)

5a If married, widowed or divorced HUSBAND of *Annie M. Kelley* (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *74* Years — Months — Days If less than 1 day Hours — Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Saloman retord*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) *1931* 11 Total time (years) spent in this occupation *48 1/2*

12 BIRTHPLACE (City) (State or country) *New York N.Y.*

13 NAME OF FATHER *Emanuel Rosenfeld*

14 BIRTHPLACE OF FATHER (City) (State or country) *could not be learned*

15 MAIDEN NAME OF MOTHER *Fannie Bronwald*

16 BIRTHPLACE OF MOTHER (City) (State or country) *could not be learned*

17 Informant (Address) *Wm. William Rosenfeld (wife)*
6 Somerset Terrace Winstthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. N. Childers
(Signature of Agent of Board of Health or other)
H.D. (Official Designation) *Aug. 16/35* (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR) *151*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug 15 1935*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *June 1935* to *Aug 15 1935*
last saw him alive on *Aug 15 1935*, death is said to have occurred on the date stated above, at *11 P.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

Uremic Coma Date of Onset *Aug 14*
Left State Pneumonia

Contributory causes of importance not related to principal cause:
Removal of Prostate
Capillary
Embolus

Name of operation *Prostatectomy* Date of *July 26 1935*
What test confirmed diagnosis? *diagnosis* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *William J. Carlson* M. D.
(Signed) *59 Shirley* (Address) Date *8/6 1935*

21 PLACE OF BURIAL *Forest Hills Crematory* (City or town)
CREMATION OR REMOVAL *Aug 18* (Cemetery) 19 *35*

22 NAME OF UNDERTAKER *William J. Gillooly*
ADDRESS *Worwood Mass*

Received and filed *AUG 20 1935* 19
(Registrar)

A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

- No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until these may have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selection of the board of health, or employed by it or by the selection of the board of health, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retina, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retina shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall, thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*
- Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
-He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter, pointer, machinist, etc.* Distinguish carefully between *vital statistics* and *wholesale statistics*. A person who sells goods should be called a *salesman* and not a *dealer*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying. *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING, BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f

1 PLACE OF DEATH

Suffolk
(County)
Worcester
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filled for burial permit
with Board of Health
or its Agent.

Registered No.

No. *180 Nahant Ave.* St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Mary Wright Swiss* (If deceased is married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) **155**
(a) Residence. No. *180 Nahant Ave.* St. Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred *25* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) *Married*
5a If married, widowed, or divorced HUSBAND of *Harry E. Wright* (Give maiden name of wife in full)
(or) WIFE of *Harry E. Wright* (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE *61* Years *10* Months *1* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10 Date deceased last worked at this occupation (month and year) *Aug 1st* 11 Total time (years) spent in this occupation *32 years*

12 BIRTHPLACE (City) *Southern Conn.* (State or country)

13 NAME OF FATHER *Byron P. Swiss*
14 BIRTHPLACE OF FATHER (City) *unavailable to obtain* (State or country) " " "
15 MAIDEN NAME OF MOTHER *unavailable to obtain*
16 BIRTHPLACE OF MOTHER (City) " " " (State or country) " " "

17 Informant *Jane E. Wright* Relation, if any (Address) *180 Nahant Ave. Waltham*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childers
(Signature of Agent of Board of Health or other)
No. *Aug 16/35*
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *August 16th 1935* (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from *Jane*, 1935, to *August 16*, 1935. last saw her alive on *August 16*, 1935, death is said to have occurred on the date stated above, at *6 a.m.*
The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of Breast metastasis - pulmonary Date of Onset **IMPORTANT**

Contributory causes of importance not related to principal cause:

Name of operation *Removal of breast* Date of *1934*
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *Edwin P. Ruggles*, M. D., (Address) *420 Wash. St. Waltham* Date *Aug 6 1935*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Forest Hill* (City or town) Cemetery *Forest Hill*
DATE OF BURIAL *Aug 16 1935*

22 NAME OF UNDERTAKER *Chas. R. Benson* ADDRESS *Worcester Mass*

Received and filed. 19...
AUG 20 1935 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—jane Jameli, cook—Mabel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, wiring engineer, stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
.....
.....
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration and burial the certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Ch. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, in person, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If from one town to another within a human body, not provisionally interred, from such a permit for the removal of a human body, death cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-130. No. 7997-d

1 PLACE OF DEATH

Middlesex
(County)Melrose
(City or Town)

No. Melrose Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Dalton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 Atlantic
(Usual place of abode)

St.,

Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single	(write the word)
---------------	--------------------------	---	------------------

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

stillborn

7 AGE Years Months Days If less than 1 day
Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11 Total time (years) spent in this occupation.....
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10 Date deceased last worked at this occupation (month and year).....	

12 BIRTHPLACE (City) Melrose
(State or country) Mass.

13 NAME OF FATHER William J. Dalton

14 BIRTHPLACE OF FATHER (City) South Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Viola Stannard

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.17 Informant William J. Dalton
(Address) 36 Atlantic St., Winthrop

A TRUE COPY

ATTEST: Registrar of city or town where death occurred

DATE FILED Aug. 19, 1935

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Melrose

(City or town making return)

Registered No.

 (If U. S.
War Veteran,
specify WAR)

151

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 13, 1935
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug. 13, 1935, to Aug. 18, 1935I last saw him alive on 19....., death is said
to have occurred on the date stated above, at m.The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Stillborn

Contributory causes of importance not related to principal cause:

Premature (6-7 mos.)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. W. Layton, M. D.

(Address) Boston, Mass. Date 8/18/35

21 PLACE OF BURIAL, Winthrop, Winthrop
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Aug. 19, 1935

22 NAME OF UNDERTAKER Charles R. Benson


ADDRESS Winthrop, Mass.

Received and filed AUG 20 1935

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-12-134. No. 2938-f

PLACE OF DEATH		Sufflok (County)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		Registered No. 157	
1		Winthrop (City or Town)		No. 186 Pauline Street		St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2		FULL NAME Grace Evelyn (Thurston) Kirschbaum (If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a)		Residence. No. 186 Pauline Street		St.,		Ward,		(If U. S. War Veteran, specify WAR)	
Length of residence in city or town where death occurred		8 yrs.		mos.		days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)			
Female		White		Married					
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Franklin Nye Kirschbaum (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE		50 Years		10 Months		28 Days		If less than 1 day Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		House work							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Own home							
10 Date deceased last worked at this occupation (month and year)		June 1934		11 Total time (years) spent in this occupation		15			
12 BIRTHPLACE (City)		North Haven							
(State or country)		Maine							
13 NAME OF FATHER		Daniel Thurston							
14 BIRTHPLACE OF FATHER (City)		North Haven							
(State or country)		Maine							
15 MAIDEN NAME OF MOTHER		Ella Witherspoon							
16 BIRTHPLACE OF MOTHER (City)		North Haven							
(State or country)		Maine							
17 Informant (Address)		Mrs. J. T. Reed		(sister)		12 Court Rd. Winthrop Mass			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
(Signature of Agent of Board of Health or other)									
(Official Designation)									
(Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH		8		20		35			
(Month)		(Day)		(Year)					
19 I HEREBY CERTIFY, That I attended deceased from June 1935, to Aug 20, 1935. Last saw her alive on Aug 20, 1935, death is said to have occurred on the date stated above, at 11 P. M. The principal cause of death and related causes of importance in order of onset were as follows:									
Carcinoma of uterus									
Contributory causes of importance not related to principal cause: Edema of lungs 2 days									
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?									
20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) E. J. Kelly, M. D. (Address) W. Witherspoon Date 8/23/35									
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) 35									
DATE OF BURIAL August 23, 1935									
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass									
Received and filed. AUG 23 1935 19 (Registrar)									

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease and related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the appropriate terms, as *housekeeper—private family, cook*, etc. For a person who had no occupation, whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death, and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1901
<i>Cerebral hemorrhage</i>	July 5, 1907
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH
A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb, or another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required, by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electric agents, and deaths following abortion, but also deaths from disease, **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33, No. 9321-a

Suffolk (County)			The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS			To be filed for burial permit with Board of Health or its Agent.		
1 PLACE OF DEATH Henthrop (City or Town)			STANDARD CERTIFICATE OF DEATH			Registered No. 2378		
No. 289 Pleasant St., 1 Ward			(If death occurred in a hospital or institution, give its NAME instead of street and number)			(If U. S. War Veteran, specify WAR)		
2 FULL NAME William H. Dorgan			(If deceased was married, widowed or divorced woman, give also maiden name.)			159		
(a) Residence. No. 289 Pleasant St., Ward,			(If nonresident, give city or town and state)					
Length of residence in city or town where death occurred 15 yrs. mos. days.			How long in U. S., if of foreign birth? yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS								
3 SEX M	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED OR DIVORCED Married	(write the word)					
5a If married, widowed, or divorced HUSBAND of Jennette M. Shea (Give maiden name of wife in full)								
(or) WIFE of (Husband's name in full)								
6 IF STILLBORN, enter that fact here.								
7 AGE 56 Years Months Days			If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			Night Watchman					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			Dist. Store					
10 Date deceased last worked at this occupation (month and year) Jan 1933			11 Total time (years) spent in this occupation 15					
12 BIRTHPLACE (City) Boston			(State or country) Mass					
13 NAME OF FATHER William Dorgan								
14 BIRTHPLACE OF FATHER (City) Ireland			(State or country)					
15 MAIDEN NAME OF MOTHER Margaret Wagner								
16 BIRTHPLACE OF MOTHER (City) Ireland			(State or country)					
17 Informant (Address) Mrs. Jennette Dorgan (wife) 289 Pleasant St. Henthrop								
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress, agent (Signature of Agent of Board of Health or other) Aug. 31/35 (Official Designation) (Date of Issue of Permit)								
MEDICAL CERTIFICATE OF DEATH								
18 DATE OF DEATH August 30 1935 (Month) (Day) (Year)								
19 I HEREBY CERTIFY That I attended deceased from June 1934 to Aug 31 1935, 1935								
I last saw him alive on Aug 31 1935, death is said to have occurred on the date stated above, at 10:00 p.m.								
The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma of prostate. Contributory causes of importance not related to principal cause: Date of Onset IMPORTANT June 1934								
Name of operation Cystostomy Date of June 1934 What test confirmed diagnosis? Clinically Was there an autopsy? Yes								
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) D. J. O'Brien M. D. (Address) 78 Wash. Ave. Date Aug 31 1935								
21 PLACE OF BURIAL, CREMATION OR REMOVAL Henthrop, Henthrop (City or town)								
DATE OF BURIAL Sept 2 1935								
NAME OF UNDERTAKER Richard Kirby ADDRESS East Boston Received and filed SEP 2 1935 Donald J. McLeod (Registrar)								

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*, *maid*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxiation, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

Gen. Laws, Chap. 46, Sec. 9.
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been, sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*
Medical examiner shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body of the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical drugs or poisons, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registered No. 160	
Suffolk (County)		WINTHROP (City or Town)		No. 12 Prescott St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		John Joseph Hobbs		(If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a) Residence. No. 12 Prescott		St., Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 19 yrs.		mos.		days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)		
Male	White	Married	Married		
5a If married, widowed or divorced			18 DATE OF DEATH August 31 31		
HUSBAND of Sarah F. Saunders (Give maiden name of wife in full)			(Month) (Day) (Year)		
(or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY That I attended deceased from June 1931, to Aug 31, 1931		
6 IF STILLBORN, enter that fact here.			I last saw him alive on Aug 31, 1931, death is said to have occurred on the date stated above, at 11 A.M.		
7 AGE 59 Years Months Days If less than 1 day Hours Minutes			The principal cause of death and related causes of importance in order of onset were as follows: Obstruction of Stomach 2		
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			Contributory causes of importance not related to principal cause: edema in lungs 2 dya		
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
10 Date deceased last worked at this occupation (month and year) January 1935			20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Margaret Dunn, M. D. (Address) Date 19		
11 Total time (years) spent in this occupation 33			21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Boston (City or town)		
12 BIRTHPLACE (City) South Boston (State or country) Massachusetts			DATE OF BURIAL Sept 3 1935 19		
13 NAME OF FATHER Samuel Hobbs			22 NAME OF UNDERTAKER John H. C. Moley		
14 BIRTHPLACE OF FATHER (City) South Boston (State or country) Massachusetts			ADDRESS Wintthrop Massachusetts		
15 MAIDEN NAME OF MOTHER Margaret Dunn			Received and filed SEP 5 1936 19		
16 BIRTHPLACE OF MOTHER (City) South Boston (State or country) Massachusetts			(Registrar)		
17 Informant Sarah F. Hobbs (Address) 12 Prescott St Wintthrop Relation, if any (wife)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other) Wm. S. Saunders					
(Official Designation) H.D. (Date of Issue of Permit) Sept 3/35					

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-30. No. 9954.

PLACE OF DEATH
1
Suffolk
(County)
Winthrop
(City or Town)
No. 100 Summit Ave St., Ward {
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME
Mayorie J. Mc Donagle.
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 34 Mystic St., Ward, South Mass.
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? 5 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)
5a If married, widowed, or divorced
HUSBAND of Daniel Mc Donagle (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 72 Years Months Days If less than 1 day Hours Minutes
OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10 Date deceased last worked at this occupation (month and year) 1939 11 Total time (years) spent in this occupation 4 yrs
12 BIRTHPLACE (City) (State or country) Ireland
PARENTS
13 NAME OF FATHER Philip Mc Donagle
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Grace Harkins
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland
17 Informant Daniel Mc Donagle
(Address) 34 Mystic St., South Mass.
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
H. D. (Signature of Agent of Board of Health or other)
(Official Designation) Sept 3, 1935 (Date of Issue of Permit)

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH
To be filed for burial permit with Board of Health or its Agent.
Registered No. 161
(If U. S. War Veteran, specify WAR)
18 DATE OF DEATH August 31 1935
(Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from August 19 1935 to August 30 1935
I last saw him alive on Aug 28 1935, death is said to have occurred on the date stated above, at 630 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:
Chronic Myocarditis 1932
Arterio-sclerosis 1934
Bronchial pneumonia 8/18/35
Contributory causes of importance not related to principal cause:
Chronic hyperostrophic arthritis 1915
Name of operation: Amputation Date of: No
What test confirmed diagnosis? No Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) David Mc Donagle M. D.
(Address) 60 Beach St., Boston Date 9-1 1935
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery (Cemetery) (City or town)
DATE OF BURIAL Sept 3, 1935
22 NAME OF UNDERTAKER John A. Ward
ADDRESS 772 Burdett St., South Mass.
Received and filed SEP 5 1935 19
Donald Mc Donagle (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of important nature related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset	
1015	Aortic sclerosis
1021	Chronic interstitial nephritis
July 5, 1927	Cerebral hemorrhage

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a *sworn* certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a *rectal* as required by section ten of chapter forty-six, that the deceased as served in the army, navy or marine corps of the United States in any war in which it has been engaged, such *rectal* shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths *unusually due to injury*. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from *disease resulting from injury or infection related to occupation*, the *sudden deaths of persons not disabled by recognized disease*, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH {
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Male Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 11 George St. St. Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS
8 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here. Stillborn
7 AGE Years Months Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation
12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts
13 NAME OF FATHER Raymond J. Sullivan
14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Gertrude J. Phillips
16 BIRTHPLACE OF MOTHER (City) Revere (State or country) Massachusetts
17 Informant Raymond J. Sullivan (Father) (Address) 11 George St. Winthrop Relation, if any

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH September 4 1935 (Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from July 28, 1935, to Sept 4/35, 1935.
I last saw him alive on Sept 4, 1935, death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance in order of onset were as follows:
stillborn (6 mos) Date of Onset IMPORTANT 9/4/35
Contributory causes of importance not related to principal cause:
Name of operation none Date of operation
What test confirmed diagnosis physical lab. Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Inevitable always M.D.
(Signed) (Address) 562 Fairway St. Date 9/5/35
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)
DATE OF BURIAL Sept 5 1935
22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop, Massachusetts
Received and filed SEP 5 1935
Donald McLeod Registrar

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 10, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing, as the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, inment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided; if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith complete it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Medical Examination.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Interment.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, though died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth, cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rotol, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rotol shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 46, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L. as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this category for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *spinster family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying. A heart failure, apoplexy, asthenia, etc. As principal cause name the disease causing death. As related causes, name every morbid condition, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WHITE PLAIN WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-734. No. 2938-f

R-301A

Supple
(County)
Winthrop
(City or Town)
No. **16** St. **3** **Jermon** Ward **3**
Registered No. **191**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **George P. Doherty**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) **Residence. No. 16 3 Jermon St., 3 Ward,**
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred **50** yrs. mos. days. How long in U. S., if of foreign birth? **✓** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.	4 COLOR OR RACE Wh.	5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)
6a If married, widowed, or divorced HUSBAND of Emily White (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE 64 Years.....Months.....Days..... If less than 1 day Hours.....Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mail Clerk	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government	
	10 Date deceased last worked at this occupation (month and year) Dec 1935	
		11 Total time (years) spent in this occupation. 15 yrs
12 BIRTHPLACE (City) (State or country) Stanton Mass.		
PARENTS	13 NAME OF FATHER Wm. A. Doherty	
	14 BIRTHPLACE OF FATHER (City) (State or country) Ireland	
	15 MAIDEN NAME OF MOTHER Mary Breslin	
	16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland	
17 Informant (Address) Emily Doherty, 16 3 Jermon St. Winthrop Relation, if any (Wife)		

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me **BEFORE** the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) **Wm. A. Childers**
H.O. (Official Designation)
Sept 9/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Sept 6, 1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **June 14, 1935, to Sept 6, 1935**
I last saw him alive on **Sept 6, 1935**, death is said to have occurred on the date stated above, at **8 P.** m.
The principal cause of death and related causes of importance in order of onset were as follows:
Pericarditis Anemia
Date of Onset **10 years**
IMPORTANT

Contributory causes of importance not related to principal cause:
Chronic Myocarditis
2 years

Name of operation.....Date of.....
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **William M. Santoro**, M. D.
(Address) **859 Jermon St.** Date **Sept 9, 1935**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **St. Joseph's Cemetery**
(Cemetery) (City or town)
DATE OF BURIAL **September 9, 1935**

22 NAME OF UNDERTAKER **Timothy J. O'Neil**
ADDRESS **Carthage**

Received and filed **SEP 9 1935** 19.....
(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE STATUTES OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (Tentative Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or to be interred, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on illness. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal causes of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. 62 Olney

St., Ward

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 7801

2 FULL NAME

William T

Mythen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No.

89 Cottage Ave

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 26

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

at home

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Chelsea

13 NAME OF FATHER

Wm J Mythen

14 BIRTHPLACE OF FATHER (City)

(State or country)

Malden

15 MAIDEN NAME OF MOTHER

Mary J Cassidy

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Chelsea

17

Father- Wm J Mythen

Informant (Address)

above

A TRUE COPY.

ATTEST:

Miss Hedstrom
(Registrar of city or town where death occurred)

DATE FILED

Sept 5

19

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



BOSTON

(City or town making return)

Ward

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 7801

2 FULL NAME

William T

Mythen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No.

89 Cottage Ave

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept

2

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Asphyxiation by position- accidental
epilepsy 11 1/2 yrs

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of injury

19

Where did

injury occur?

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Timothy Leary

M. D.

(Address)

Boston

Date 9/2/

1935

22 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross

(Cemetery)

Malden

(City or town)

DATE OF BURIAL

Sept

4

19

35

23 NAME OF UNDERTAKER

J J Connolly

ADDRESS

Boston

Received and filed

SEP 26 1935

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass General Hospital

—St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Georgianna CFlynn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

121 Cottage Park Rd

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Richard R Flynn

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

58

Years

6

Months

15

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

LaSalle Ill

13 NAME OF FATHER

William Chamberlain

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ill

15 MAIDEN NAME OF MOTHER

Elizabeth Taylor

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nashville Tenn

17

Informant (Address)

Husband- Richard R Flynnabove

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept 91935

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7918

(If U. S.

War Veteran,

specify WAR)

166

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept6

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 271935 toSept 61935I last saw her alive on Sept 6, 1935 death is saidto have occurred on the date stated above, at 12.40P.

The principal cause of death and related causes of importance in order of onset were as follows:

carcinoma of the uterus

Date of onset

2 yrs

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. J. Rhees

, M. D.

(Address)

BostonDate 9/6/ 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Cedar GroveBoston

(Cemetery)

(City or town)

DATE OF BURIAL

Sept81935

22 NAME OF UNDERTAKER

R H White

ADDRESS

Winthrop

Received and filed

SEP 26 19351935

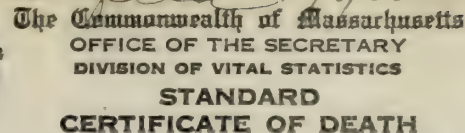
(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-7

Norfolk (County)		Norfolk (City or Town)		No. Pondville Hospital St., Ward		Registered No. 142	
1 PLACE OF DEATH		2 FULL NAME Elizabeth Frances Breckenridge (If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 91 Faun Bar Ave. St., Ward Winthrop, Mass. (Usual place of abode)		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred		yrs. mos. 12 days		How long in U. S., if of foreign birth?		yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed		18 DATE OF DEATH September 6th, 1935 (Month) (Day) (Year)			
5a If married, widowed, or divorced HUSBAND of Frederick Breckenridge (Give maiden name of wife in full) (or) WIFE of Frederick Breckenridge (Husband's name in full)				19 I HEREBY CERTIFY, That I attended deceased from August 24th, 1935 to Sept. 6th, 1935 I last saw her alive on Sept. 6th, 1935, death is said to have occurred on the date stated above, at 4:10 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma of Uterus Septic splenitis About 3 yrs. ago Contributory causes of importance not related to principal cause:			
6 IF STILLBORN, enter that fact here.				Date of onset			
7 AGE 74 Years 6 Months 22 Days (If less than 1 day Hours Minutes)				Date of onset			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker				Date of onset			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Date of onset			
10 Date deceased last worked at this occupation (month and year)				Date of onset			
11 Total time (years) spent in this occupation				Date of onset			
12 BIRTHPLACE (City) Boston (State or country) Mass.				Date of onset			
13 NAME OF FATHER Jarus S. Hendrick				Date of onset			
14 BIRTHPLACE OF FATHER (City) Vermont (State or country)				Date of onset			
15 MAIDEN NAME OF MOTHER Jane O'Brien				Date of onset			
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)				Date of onset			
17 Informant Hospital Record (Address)				Date of onset			
A TRUE COPY.				Date of onset			
ATTEST: George F. Campbell (Registrar of city or town where death occurred)				Date of onset			
DATE FILED September 6, 1935				Date of onset			
20 Was disease or injury in any way related to occupation of deceased? If so, specify George I. Parker (Signed) Pondville Hospital Date 9/5/35 M. D. (Address)				Date of onset			
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)				Date of onset			
DATE OF BURIAL Sept. 9th, 1935				Date of onset			
22 NAME OF UNDERTAKER C. E. Bennison				Date of onset			
ADDRESS Winthrop, Mass.				Date of onset			
Received and filed				Date of onset			
(Registrar of City or Town where deceased resided)				Date of onset			

OCT 10 1935



Registered No. 169

2 FULL NAME.....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.			St. Ward,				
(Usual place of abode)			(If nonresident, give city or town and state)				
Year of residence in city or town where death occurred	Yrs.	Mos.	Days.	How long in U. S., if of foreign birth?	Yrs.	Mos.	Days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 7 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
September 6, 1935, to September 7, 1935.
I last saw him alive on September 7, 1935. Death is said
to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
1. Myocardial infarction	11/11/68
2. Aortic aneurysm	11/11/68
3. Pulmonary embolism	11/11/68
4. Hypertension	11/11/68
5. Diabetes mellitus	11/11/68
6. Chronic kidney disease	11/11/68
7. Chronic liver disease	11/11/68
8. Chronic lung disease	11/11/68
9. Chronic heart failure	11/11/68
10. Chronic obstructive pulmonary disease	11/11/68
11. Chronic renal insufficiency	11/11/68
12. Chronic anemia	11/11/68
13. Chronic hypothyroidism	11/11/68
14. Chronic hyperthyroidism	11/11/68
15. Chronic hypoparathyroidism	11/11/68
16. Chronic hyperparathyroidism	11/11/68
17. Chronic hypoadrenalism	11/11/68
18. Chronic hyperadrenalism	11/11/68
19. Chronic hypopituitarism	11/11/68
20. Chronic hyperpituitarism	11/11/68
21. Chronic hypogonadism	11/11/68
22. Chronic hypergonadism	11/11/68
23. Chronic hypoparathyroidism	11/11/68
24. Chronic hyperparathyroidism	11/11/68
25. Chronic hypoadrenalism	11/11/68
26. Chronic hyperadrenalism	11/11/68
27. Chronic hypopituitarism	11/11/68
28. Chronic hyperpituitarism	11/11/68
29. Chronic hypogonadism	11/11/68
30. Chronic hypergonadism	11/11/68
31. Chronic hypoparathyroidism	11/11/68
32. Chronic hyperparathyroidism	11/11/68
33. Chronic hypoadrenalism	11/11/68
34. Chronic hyperadrenalism	11/11/68
35. Chronic hypopituitarism	11/11/68
36. Chronic hyperpituitarism	11/11/68
37. Chronic hypogonadism	11/11/68
38. Chronic hypergonadism	11/11/68
39. Chronic hypoparathyroidism	11/11/68
40. Chronic hyperparathyroidism	11/11/68
41. Chronic hypoadrenalism	11/11/68
42. Chronic hyperadrenalism	11/11/68
43. Chronic hypopituitarism	11/11/68
44. Chronic hyperpituitarism	11/11/68
45. Chronic hypogonadism	11/11/68
46. Chronic hypergonadism	11/11/68
47. Chronic hypoparathyroidism	11/11/68
48. Chronic hyperparathyroidism	11/11/68
49. Chronic hypoadrenalism	11/11/68
50. Chronic hyperadrenalism	11/11/68
51. Chronic hypopituitarism	11/11/68
52. Chronic hyperpituitarism	11/11/68
53. Chronic hypogonadism	11/11/68
54. Chronic hypergonadism	11/11/68
55. Chronic hypoparathyroidism	11/11/68
56. Chronic hyperparathyroidism	11/11/68
57. Chronic hypoadrenalism	11/11/68
58. Chronic hyperadrenalism	11/11/68
59. Chronic hypopituitarism	11/11/68
60. Chronic hyperpituitarism	11/11/68
61. Chronic hypogonadism	11/11/68
62. Chronic hypergonadism	11/11/68
63. Chronic hypoparathyroidism	11/11/68
64. Chronic hyperparathyroidism	11/11/68
65. Chronic hypoadrenalism	11/11/68
66. Chronic hyperadrenalism	11/11/68
67. Chronic hypopituitarism	11/11/68
68. Chronic hyperpituitarism	11/11/68
69. Chronic hypogonadism	11/11/68
70. Chronic hypergonadism	11/11/68
71. Chronic hypoparathyroidism	11/11/68
72. Chronic hyperparathyroidism	11/11/68
73. Chronic hypoadrenalism	11/11/68
74. Chronic hyperadrenalism	11/11/68
75. Chronic hypopituitarism	11/11/68
76. Chronic hyperpituitarism	11/11/68
77. Chronic hypogonadism	11/11/68
78. Chronic hypergonadism	11/11/68
79. Chronic hypoparathyroidism	11/11/68
80. Chronic hyperparathyroidism	11/11/68
81. Chronic hypoadrenalism	11/11/68
82. Chronic hyperadrenalism	11/11/68
83. Chronic hypopituitarism	11/11/68
84. Chronic hyperpituitarism	11/11/68
85. Chronic hypogonadism	11/11/68
86. Chronic hypergonadism	11/11/68
87. Chronic hypoparathyroidism	11/11/68
88. Chronic hyperparathyroidism	11/11/68
89. Chronic hypoadrenalism	11/11/68
90. Chronic hyperadrenalism	11/11/68
91. Chronic hypopituitarism	11/11/68
92. Chronic hyperpituitarism	11/11/68
93. Chronic hypogonadism	11/11/68
94. Chronic hypergonadism	11/11/68
95. Chronic hypoparathyroidism	11/11/68
96. Chronic hyperparathyroidism	11/11/68
97. Chronic hypoadrenalism	11/11/68
98. Chronic hyperadrenalism	11/11/68
99. Chronic hypopituitarism	11/11/68
100. Chronic hyperpituitarism	11/11/68

Date of Onset
IMPORTANT

Question of cerebral
hemorrhage

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) Jeanie S. Postman M. D.
(Address) 147 Washington Date 9/9 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michaels
(Cemetery) (City or town)

DATE OF BURIAL Sept 10 1935

22 NAME OF UNDERTAKER *Quinn Ki Pitro*
ADDRESS *1000 1st St E*

Received and filed..... 19.....

11 Total time (years)
spent in this
occupation.....

12 BIRTHPLACE (City).....
(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)
(State or country)

15 MAIDEN NAME
OF MOTHER

16 BIRTHPLACE OF MOTHER (City) New York
(State or country)

17 Informant *James Sullivan* (*son*)
(Address) *11 ...*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

29 m. A. Schieler
(Signature of Agent of Board of Health or other)

H.O. 1. Sept. 1, 1933
(Official Designation) (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate of such body has been sooner acquired by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 36, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*spinster* *family*, *cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying. *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-734, No. 2938-e

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 243 Winthrop Street

St.

Ward

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 169

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Eleanor (Roach) Aldrich

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 243 Winthrop Street
(Usual place of abode)

St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George E. Aldrich (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years X Months X Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at, this occupation (month and year) Aug. 1934 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) East Boston (State or country) Massachusetts

PARENTS

13 NAME OF FATHER John A. Roach

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Emeline Anderson

16 BIRTHPLACE OF MOTHER (City) Boothbay Harbor (State or country) Maine

17 Informant John A. Roach (Address) 243 Winthrop St Winthrop Mass Relation, if any (brother)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent Sept 11/35 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 10 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 2 1934, to Sept 10 1935

I last saw her alive on Sept 10 1935, death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Chronic Myocarditis Oct 1934
Chronic Interstitial Nephritis Oct 1934

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? None Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond C. Parker (Signed) M. D. (Address) Winthrop Mass Date Sept 11 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett (Cemetery) (City or town) DATE OF BURIAL Sept. 12, 1935

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST:

St.

(Registrar)

Revised ~~United~~ States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Prices statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report that occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. If *child*, not gainfully employed, may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife*, in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designated, the occupation by the appropriate terms, as *housekeeper*, *housewife*, *cook*, *maid*, *etc.* For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "engineer." When a more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *tailor*, *milliner*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

[illegible]

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section 26, where same was contracted, the duration of his last illness, when seen alive by the physician or officer and the date of his death....
Pen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health, or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any as required by law, or in lieu thereof a certificate, on sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient; a physician who is a member of the board of health, or employed by it or by the selectmen for the care of the poor, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall not previously interred. If such a permit for the removal of a human body, death cannot be obtained early enough for the purpose, the coroner or health made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so received by the undertaker. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such recital and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death on the recital shall be obliged for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, to the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Cemetery Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

.... He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health, or the agent appointed to issue such permits, or if there is no such board, the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L. (Centenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, IN UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

1 **PLACE OF DEATH** Suffolk (County)
Wentworth (Town)
No. 92 Woodside ave St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 **FULL NAME** Ella Frances Plympton Wingar (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. Veteran, specify WAR)

(a) **Residence.** No. 92 Woodside ave St. Ward. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. **How long in U. S., if of foreign birth?** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Married</u> (write the word)	18 DATE OF DEATH <u>Sept 12 1935</u> (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from <u>March 5 1932</u> to <u>Sept 12 1935</u> I last saw him alive on <u>Sept 12 1935</u> , death is said to have occurred on the date stated above, at <u>5:25 A. M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Chronic Myocarditis</u> <u>Angina pectoris</u> Contributory causes of importance not related to principal cause: Name of operation <u>None</u> Date of <u> </u> What test confirmed diagnosis? <u>Postmortem</u> Was there an autopsy? <u>Yes</u>
5a If married, widowed, or divorced HUSBAND of <u>Merwin B. Wingar</u> (Give maiden name of wife in full) (or) WIFE of <u>Merwin B. Wingar</u> (Husband's name in full)			19	
6 IF STILLBORN, enter that fact here.			20	
7 AGE <u>74</u> Years <u>9</u> Months <u>7</u> Days If less than 1 day Hours Minutes			21	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			22	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			23	
10 Date deceased last worked at this occupation (month and year) <u>1935</u>			24	
11 Total time (years) spent in this occupation <u>30</u>			25	
12 BIRTHPLACE (City) <u>Boston</u> (State or country) <u>Mass</u>			26	
13 NAME OF FATHER <u>Amable D. O'Brien</u>			27	
14 BIRTHPLACE OF FATHER (City) <u> </u> (State or country) <u> </u>			28	
15 MAIDEN NAME OF MOTHER <u> </u>			29	
16 BIRTHPLACE OF MOTHER (City) <u> </u> (State or country) <u> </u>			30	
17 Informant (Address) <u>Dr. Gordon B. Wingar, Resident</u> <u>92 Woodside ave, Wentworth</u>			31	
17 <u>Dr. Gordon B. Wingar, Resident</u> (Address) <u>92 Woodside ave, Wentworth</u> I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other) <u>H. D.</u> (Official Designation) <u>Sept 13/35</u> (Date of Issue of Permit)				

Received and filed SEP 20 1935 19

A TRUE COPY, ATTEST: (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation *as at school or at home*. For a woman whose home occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as *store, factory, mill, etc.* State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *real mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness from persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Revised Under New York State Standard Certificate of Death

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30. No. 7997-g

<p>1 PLACE OF DEATH</p> <p>Suffolk (County) Winthrop (City or Town) Community Hospital No. _____ St. _____ Ward _____</p>		<p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent</p> <p>Registered No. _____</p>	
<p>2 FULL NAME</p> <p>Johann Hagan (Fitzgerald) (If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>(If U. S. War Veteran, specify WAR)</p>		<p>(If death occurred in a hospital or institution, give its NAME instead of street and number)</p>	
<p>(a) Residence. No. 174 Beunington St., 1 Ward, East Boston (Usual place of abode)</p>		<p>(If nonresident give city or town and state)</p>		<p>Length of residence in city or town where death occurred yrs. 18 mos. 18 days. How long in U. S., if of foreign birth? 58 yrs. — mos. — days.</p>	
<p>PERSONAL AND STATISTICAL PARTICULARS</p>					
<p>3 SEX Male</p>		<p>4 COLOR OR RACE White</p>		<p>5 SINGLE MARRIED WIDOWED or DIVORCED Married</p>	
<p>5a If married, widowed, or divorced —</p>					
<p>HUSBAND of William Hagan (Give maiden name of wife in full)</p>					
<p>(or) WIFE of William Hagan (Husband's name in full)</p>					
<p>6 IF STILLBORN, enter that fact here. —</p>					
<p>7 AGE 73 Years — Months — Days If less than 1 day Hours — Minutes</p>					
<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife</p>		<p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home</p>		<p>10 Date deceased last worked at this occupation (month and year) Aug. 1935</p>	
<p>11 Total time (years) spent in this occupation 38</p>		<p>12 BIRTHPLACE (City) Waterford (State or country) Ireland</p>			
<p>13 NAME OF FATHER Patrick Fitzgerald</p>		<p>14 BIRTHPLACE OF FATHER (City) Waterford (State or country) Ireland</p>			
<p>15 MAIDEN NAME OF MOTHER Isabella Tobin</p>		<p>16 BIRTHPLACE OF MOTHER (City) Waterford (State or country) Ireland</p>			
<p>17 Informant Capt. William Hagan husband (Address) 174 Beunington St., E. B.</p>					
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p>					
<p>Wm. D. O'Driscoll (Signature of Agent of Board of Health or other Health Officer) 9/17/34 (Date of Issue of Permit)</p>					
<p>MEDICAL CERTIFICATE OF DEATH</p>					
<p>18 DATE OF DEATH Sept 15 1935 (Month) (Day) (Year)</p>					
<p>19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Pulmonary embolism following thrombosis of femoral vein & compound fracture left leg. Auto accident</p>					
<p>(See reverse side for description for unknown person)</p>					
<p>20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) William Henry Weston, M. D. (Address) _____ Date 9/10/35</p>					
<p>21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden Cemetery (City or town) DATE OF BURIAL September 18, 1935</p>					
<p>22 NAME OF UNDERTAKER E. J. Kelly ADDRESS 11 Meridian St., E. B.</p>					
<p>Received and filed _____ 19 _____ (Registrar)</p>					

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-e

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 10 Orlando Avenue

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

172

2 FULL NAME Emma Jennie (Rand) Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 Orlando Avenue

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Elbridge Daniel Brown

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 84

Years

X

Months

8

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10 Date deceased last worked at this occupation (month and year)

Sept. 1935

11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City)

Worcester

(State or country)

Massachusetts

13 NAME OF FATHER

James S. Rand

14 BIRTHPLACE OF FATHER (City)

Wrentham

(State or country)

Massachusetts

15 MAIDEN NAME OF MOTHER

Sylvia L. Knapp

16 BIRTHPLACE OF MOTHER (City)

Franklin

(State or country)

Massachusetts

17

Informant (Address)

Albertus Brown

Relation, if any

(son)

10 Orlando Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

9/19/35

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

18 DATE OF DEATH

September

17

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

January 18, 1935 to September 17, 1935

Last saw her alive on September 17, 1935, death is said

to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

Date of Onset

Sept 18, 1935

Contributory causes of importance not related to principal cause:

Atherosclerosis

1925

Senility

1933

Name of operation none

Date of

What test confirmed diagnosis? Laboratory

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. B. Hays

(Address) 362 Huxley St. Winthrop

Date Sept 18, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Hope Worcester

(Cemetery)

(City or town)

DATE OF BURIAL September 19, 1935

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed. 19

SEP 20 1935

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, certificate, or its agent, upon receipt of such statement and of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is made.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatsoever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *real merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Worcester.

State Massachusetts.

(City or town) 173
Registered No. _____
(Place of death)

City or town Phillipston.

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert S. Smith.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town _____

No. _____

St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 4 years _____ months _____ days. How long in U. S., if of foreign birth? 46 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male.

White.

Married.

5a If married, widowed, or divorced

Name of { HUSBAND (or) WIFE Lillian A. Wry.

6 AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

67.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED Retired. Supt. of

(a) Trade, profession, or particular kind of work Buildings. (M.I.T.)

(b) Name of employer

8 BIRTHPLACE (city or town) A msterdam.

(State or country) Holland.

9 NAME OF FATHER

Unknown.

10 BIRTHPLACE OF FATHER (city or town)

" "

(State or country)

11 MAIDEN NAME OF MOTHER

Unknown.

12 BIRTHPLACE OF MOTHER (city or town)

" "

(State or country)

13 Informant Albert V. Smith.

(Address) 14 Brookfield Rd. Winthrop. Mass

14 Filed Sept. 30, 35 Mary M. Odinet.

Filed _____, 19 _____ Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September. 20th. 1935
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Sept. 10th. 35, to Sept. 20th. 35.

that I last saw him alive on Sept. 20th. 35

and that death occurred, on the date stated above, at 1020 a. m.

The CAUSE OF DEATH was as follows: (State fully)

Pulmonary Adema.

Acute. Bronchitis.

Acute. Myocarditis, yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) Francis X Dufault. M. D.

(Address) 465 Main St. Athol. Mass

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop. Winthrop. Mass
(Cemetery) (City or town)

DATE OF BURIAL

Sept. 23, 19 35

ADDRESS

74 Main St.

Athol. Mass

19 UNDERTAKER

Nelson A. Lefluer.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

1	PLACE OF DEATH	Suffolk (County) Wintthrop (City or Town) No. <u>8</u> <u>Trident Ave</u> St., Ward {	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH	To be filed for burial permit with Board of Health or its Agent. Registered No. <u>171</u>
2 FULL NAME		<u>Hyman Flaxman</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		
(a) Residence. No.		<u>8 Trident Ave</u> St., Ward,		
(Usual place of abode)		Length of residence in city or town where death occurred <u>15</u> yrs. mos. days. How long in U. S., if of foreign birth? <u>15</u> yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) <u>Married</u>		
5a If married, widowed, or divorced <u>Millie Gerson</u> HUSBAND of (Give maiden name of wife in full)				
(or) WIFE of (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE <u>82</u> Years Months Days		If less than 1 day Hours Minutes		
OCCUPATION				
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tailor</u>				
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tailor Shop</u>				
10 Date deceased last worked at this occupation (month and year) <u>Jan 1933</u>				
11 Total time (years) spent in this occupation <u>35</u>				
12 BIRTHPLACE (City) (State or country) <u>Russia</u>				
PARENTS				
13 NAME OF FATHER <u>Myer Flaxman</u>				
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Russia</u>				
15 MAIDEN NAME OF MOTHER <u>Leah (cannot be learned)</u>				
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Russia</u>				
17 Informant (Address) <u>Frances Blocker</u> <u>8 Trident Ave. Wintthrop</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Gurdrecks</u> (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) <u>9/23/35</u>				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH <u>September 21 1935</u> (Month) (Day) (Year)				
19 I HEREBY CERTIFY, that I attended deceased from <u>Sept. 5 1935</u> to <u>Sept. 15 1935</u> I last saw him alive on <u>Sept. 15 1935</u> , death is said to have occurred on the date stated above, at <u>2:40</u> m. a. no. 1 The principal cause of death and related causes of importance in order of onset were as follows: <u>arteriosclerosis</u> <u>Chronic Nephritis</u> Date of Onset <u>6 years</u> <u>4 years</u>				
Contributory causes of importance not related to principal cause:				
Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>NO</u>				
20 Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify <u>None</u> (Signed) <u>E. W. Gispinsan</u> M. D. (Address) <u>Wintthrop Mass</u> Date <u>9/22 1935</u>				
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Beth Shol. Evatt</u> (Cemetery) (City or town)				
DATE OF BURIAL <u>Sept. 22 1935</u>				
22 NAME OF UNDERTAKER <u>Thomas R. Ford</u> ADDRESS <u>51 Evatt Ave. Chelsea</u>				
Received and filed <u>SEP 26 1935</u> 19 (Registrar)				

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon this permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45 G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, as, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1

PLACE OF DEATH

SUFFOLK.
(County)

WINTHROP.
(City or Town)

No. 40 WASHINGTON AVE St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HENRI A. SEVIGNE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 WASHINGTON AVE St., Ward, {

(If U. S. War Veteran, specify WAR)

Length of residence in city or town where death occurred 27 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

To be filed for burial permit with Board of Health or its Agent.

Registered No. 175

PERSONAL AND STATISTICAL PARTICULARS

3 SEX MALE

4 COLOR OR RACE WHITE

5 SINGLE MARRIED WIDOWED or DIVORCED WIDOWED
(write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) EDYTH D. HOLSTEAD
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years. Months Days If less than 1 day Hours. Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MECHANICAL ENGINEER

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. BAKERY MECHANIC

10 Date deceased last worked at this occupation (month and year) 1931

11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) ST. JOHNSBURY.
(State or country) VERMONT

PARENTS

13 NAME OF FATHER JOHN SEVIGNE

14 BIRTHPLACE OF FATHER (City) UNKNOWN
(State or country) "

15 MAIDEN NAME OF MOTHER MATILDA CABANA.

16 BIRTHPLACE OF MOTHER UNKNOWN
(State or country) "

17 Informant L. Marie Sevigine (Daughter)
(Address) 40 Washington Ave.
WINTHROP, MASS.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Chul deless
(Signature of Agent of Board of Health or other Health Officer)
(Official Designation) 9/23/35
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH SEPT 21, 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 3, 1935, to Sept 21, 1935.
I last saw him alive on Sept 21, 1935, death is said to have occurred on the date stated above, at 10:30 P.
The principal cause of death and related causes of importance in order of onset were as follows:
Central Thrombosis 1935
Angina Pectoris 1923

Contributory causes of importance not related to principal cause:
None

Name of operation None Date of operation
What test confirmed diagnosis? Cardiograph Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gladys Gately, M. D.
(Address) 228 Cambridge St. Date 9-22-35

21 PLACE OF BURIAL, CREMATION OR REMOVAL WINTHROP WINTHROP.
(Cemetery) (City or town)

22 NAME OF UNDERTAKER T. S. WATERMAN & SONS
ADDRESS 1305 TON, MASS.
Received and filed Donald McLeod
SEP 26 1935
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one county to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or an affidavit thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is insured by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1917 and Chap. 414, Acts of 1931.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*


RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physician** will certify to such deaths only as illness from persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health** physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons found dead.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-1-30, No. 605-b

1	PLACE OF DEATH	Suffolk (County)			Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)
		Dorchester (City or Town)			STANDARD CERTIFICATE OF DEATH		Registered No. 178
No. 178		Winthrop Hospital		St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Grace (Blood) Shivelle (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No.		555 Shirley		St.,		Ward, (If U. S. War Veteran, specify WAR)	
(Usual place of abode)						(If nonresident give city or town and state)	
Length of residence in city or town where death occurred		yrs.		mos.		days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)					
Female	White	Married					
5a If married, widowed, or divorced HUSBAND of Arthur (Give maiden name of wife in full)							
(or) WIFE of Anna E. Shivelle (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE	66			If less than 1 day			
	Years	Months	Days	Hours	Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home						
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10 Date deceased last worked at this occupation (month and year)						
11 Total time (years) spent in this occupation							
12 BIRTHPLACE (City) (State or country) Cheshamshire Mass.							
PARENTS	13 NAME OF FATHER Henry Blood						
	14 BIRTHPLACE OF FATHER (City) (State or country) Canada						
	15 MAIDEN NAME OF MOTHER Anna E. Merry						
	16 BIRTHPLACE OF MOTHER (City) (State or country) Pittsfield Mass.						
17 Informant (Address) Pauline Roberts 555 Shirley St. Winthrop Mass.							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress (Signature of Agent of Board of Health or other) Health Officer 9/24/35 (Official Designation) (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH Sept 22 1935 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from July 10 1935 to Sept 22 1935 last saw him alive on Sept 21 1935, death is said to have occurred on the date stated above, at 9 A.M. The principal cause of death and related causes of importance in order of onset were as follows: Arterio-sclerosis metastatic carcinoma stomach Contributory causes of importance not related to principal cause:							
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? L							
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) C. J. Crowley, M. D. (Address) 261 Washington St. Date 9/24/35							
21 PLACE OF BURIAL, CREMATION OR REMOVAL So View 20 Adams Mass (Cemetery) (City or town)							
DATE OF BURIAL Sept 26 1935 19							
22 NAME OF UNDERTAKER Richard A. White ADDRESS Winthrop Mass.							
Received and filed SEP 26 1935 19							
A TRUE COPY, ATTEST: (Registrar)							

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is every important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report that may be returned as of *school* or of *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *housekeeper*—*private family*, *cook*, *maid*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sawd factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal causes of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1911</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1917</i>
Contributory causes of importance not related to principal cause:	
.....
.....
.....
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent, recorded or from the clerk of the town where the body is buried. No such permit shall be issued until these shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been obtained hereunder. If the death certificate contains a finding, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting asphyxia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY! WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 178

1 PLACE OF DEATH
Subsack (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St.

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WHITE, CHARLES S.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Seafoam Ave St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. days. How long in U. S., if of foreign birth? 31 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED married	(write the word)
5a If married, widowed or divorced HUSBAND of Gertrude Schwam (Give maiden name of wife in full)			
(or) WIFE of (Husband's name in full)			
6 IF STILLBORN, enter that fact here			
7 AGE 58 Years Months Days		If less than 1 day Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sailor Store			
10 Date deceased last worked at this occupation (month and year) Sept. 1935		11 Total time (years) spent in this occupation. 46	
12 BIRTHPLACE (City) (State or country) Poland			
13 NAME OF FATHER Samuel White			
14 BIRTHPLACE OF FATHER (City) (State or country) Poland			
15 MAIDEN NAME OF MOTHER Sarah Bern			
16 BIRTHPLACE OF MOTHER (City) (State or country) Poland			

17 Informant (Address) Emanuel White (brother) 115 Dale St. Roxbury

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 9/27/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 27, 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1935 to Sept 27, 1935. I last saw him live on Sept 27, 1935, death is said to have occurred on the date stated above, at 9:45 P. M. The principal cause of death and related causes of importance in order of onset were as follows: Coronary Thrombosis 9-27-35 Generalized arteriosclerosis

Contributory causes of importance not related to principal cause: Bronchitis Atherosclerosis

Name of operation: Clinical Date of: Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No. If so, specify: Coronary Thrombosis M. D. (Signed) Dr. Wm. W. Way, M.D. (Address) 12 Waverley Ave, Winthrop Date 9-27-1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL New David Vicar Choulin W. Pot. (Cemetery) (City or town) DATE OF BURIAL Sept. 29, 1935

22 NAME OF UNDERTAKER Benjamin F. Solomon ADDRESS 420 Harvard St., Brookline

Received and filed OCT 2 1935 19

A TRUE COPY, ATTEST: (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith assign it a number and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall, thereafter, be bound as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. Chap. 114, Sec. 48, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... Gen. Laws, Chap. 38, Sec. 6.He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L. as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mechanics and wholesale mechanics. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY IN UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-12-2'34. No. 2038-f

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

Winthrop Community Hospital

St.

Ward

or death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Timothy Driscoll

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

652 Saratoga East Boston

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

Male

White

Married

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

Bridget Driscoll nee Daley

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

62

Years

1

Months

1

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc.

Laborer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Byard Steam Ship

10 Date deceased last worked at this occupation (month and year)

Sept 26 1935

11 Total time (years) spent in this occupation

4

12 BIRTHPLACE (City)

(State or country)

Boston Mass

13 NAME OF FATHER

Jermiah Driscoll

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Catherine Cowran

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Mrs Bridget Driscoll (Wife)

652 Saratoga East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

129

or death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.

War Veteran,

specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept

28

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 27

,

1935,

to

Sept 28

,

1935

I last saw him alive on

Sept 27

,

1935,

death is said

to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

IMPORTANT

Coronary Thrombosis

1935

Contributory causes of importance not related to principal cause:

Pulmonary Edema

1935

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Thos J. Ryan

M. D.

(Address)

652 Saratoga East Boston

Date

9/28

1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St Josephs Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 11 1935

19

22 NAME OF UNDERTAKER

William G. Treavor

ADDRESS

53-9 Saratoga St E. B.

Received and filed

19

OCT 2 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, engine, stationary engineer*, etc. Avoid the term "laborer," using more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchant, salesman* and not a *clerk*. A person who sells goods should be called a *salesman* and not a *clerk*.
- Statement of cause of death.**—Cause of death means the disease, failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Chronic interstitial nephritis</i>	1913
<i>Arteriosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (gases or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 39, Sec. 7.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 39, Sec. 7.*

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2038

PLACE OF DEATH

Suffolk
(County)
Hinthrop
(City or Town)

No. Hinthrop Community Hospital St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Charles Bernardin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

No

(a) Residence. No.

21 Prescott

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

1 yrs. 4 mos.

days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male White

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

Bernardin
Quentin

6 IF STILLBORN, enter that fact here.

7

AGE

81

Years

Months

Days

If less than 1 day

Hours

Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Father worker

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)

20 yrs ago

11 Total time (years)
spent in this
occupation

10 yrs

12 BIRTHPLACE (City)
(State or country)Kingston
Canada13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)

(State or country)

15 MAIDEN NAME
OF MOTHER16 BIRTHPLACE OF
MOTHER (City)

(State or country)

17

Informant
(Address)Roland Bernardin son
21 Prescott St. Hinthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Sept

30

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 9, 1935, to Sept 30, 1935

I last saw him alive on Sept 29, 1935, death is said

to have occurred on the date stated above, at 3:40 m.

The principal cause of death and related causes of importance in order of onset
were as follows:

Uraemia

Date of Onset
IMPORTANT

10 days

Contributory causes of importance not related to principal cause:

Chronic Prostatitis

Supra pubic abscess

Name of operation or procedure Date of Sept 14

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Bernardin, M. D.

(Address) 31 Prescott St. Hinthrop Date 9/30/35

21 PLACE OF BURIAL,
CREMATION OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed

OCT 6 1935

(Registrar)

RETURN OF CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Acute infectious</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. His certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tentative Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease and related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No. *Community Hospital* St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Balys Tandler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)(a) Residence. No. *124 Kimball Ave*

(Usual place of abode)

Revere Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

*M.*5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

S.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Wentworth Mass

13 NAME OF FATHER

R. Donovan Tandler

14 BIRTHPLACE OF FATHER (City)

(State or country)

Georgia

15 MAIDEN NAME OF MOTHER

Rose Barboza

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Princeton R. I.

17

Informant
(Address)*R. Donovan Tandler (Father)
124 Kimball Ave Revere*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

181

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept 30 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 30 1935, to *Sept 30 1935*, 19I last saw him alive on *Sept 30 1935*, 19, death is saidto have occurred on the date stated above, at *9 A* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset
IMPORTANT*Stillborn
asolestasis*

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Ryan Tandler

M. D.

Date *Sept 30 1935*

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 1 1935

22 NAME OF UNDERTAKER

R. J. DeWitt

ADDRESS

Received and filed

OCT 8 1935

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation as the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engine*. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *rigid mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2546

1. PLACE OF DEATH

Dade

District No.

11-09

State Path.

183

23

NON RESIDENT COPY

Registered No.

Sex

Ward

City

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. if of foreign birth..... yrs..... mos..... ds.

2. FULL NAME

Harry Wise

Ward

Wentworth Mass

(a) Residence: No.

57 Summit Ave

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OF RACE *white* 5. Single, married, widowed or divorced (write the word) *married*

6. If married, widowed or divorced, HUSBAND or (or) WIFE of

7. AGE Years *52* Months Days If LESS than 1 day,..... hrs. or..... min.

8. Trade, profession, or occupation of decedent *Retired* 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. *Manufacture* 10. Date decedent last worked in this occupation (month and year) *1932* 11. Total time (years) spent in this occupation *18*

12. BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Morris Wise*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MARRIED NAME *unobtainable*

16. BIRTHPLACE (city or town) (State or country) *"*

17. INFORMANT *Robert Wise* (Address) *57 Summit Ave, Wentworth Mass*

18. BURIAL, CREMATION, OR REMOVAL Place *Boston, Mass* Date *Feb. 10 1935*

19. UNDERTAKER *McClary Funeral Home* (Address) *Miami Beach, Fla*

20. FILM *26-10* 21. *135* *Clifton Ave*

15. DATE OF DEATH (month, day, and year) *Feb. 9 1935* 16. I HEREBY CERTIFY that I attended deceased from *Dec 22 1934* to *Feb 9 1935*

I am now residing at *Feb 9 1935* death is said to have occurred on the date stated above, at *9:30 P*

The principal cause of death and related causes of importance in order of merit were as follows:

Nephritis, Chronic with Hypertension Myocarditis

Contributory causes of importance and bearing on prognosis

Diabetes mellitus

Name of physician Date of death

What test indicated diagnosis? *clinical* Was there any autopsy? *no*

18. If death was due to natural causes (infectious) fill in also the following: Accident, venous, or homicidal? Date of injury

Where did injury occur? Date of death

Specify whether injury occurred in industry, in home, or in public place

19. Cause of injury or date was treated by localization of disease

20. Was disease or injury in any way treated by localization of disease

21. Name of doctor

Arthur L. Walters M.D.

(Address) *333 Lincoln Road.*

22. (Address) *333 Lincoln Road.*

N. B.—WRITE PLAINLY, WITH U. S. FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.


CLARK



FEDERAL BUREAU OF INVESTIGATION
JACKSONVILLE, FLORIDA

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Fall River (City or town making return)	
1	Bristol (County) Fall River (City or Town)			STANDARD CERTIFICATE OF DEATH	
No. Rose Hawthorne Hallway Home 2 Ward				Registered No. 183	
2 FULL NAME Charles H. Roberts (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
(a) Residence. No. 202 Chase Ave. Wintthrop Ward, (Usual place of abode)		(If U. S. War Veteran, specify WAR)			
Length of residence in city or town where death occurred		yrs.	mos.	6	days
How long in U. S., if of foreign birth?		yrs.	mos.		days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED			
male	White	Married			
6a If married, widowed or divorced HUSBAND of Sarah Addison (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	66	Years	2	Months	Days
If less than 1 day		Hours		Minutes	
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hotel Bookkeeper				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Bookkeeping office				
	10 Date deceased last worked at this occupation (month and year) 1932				
11 Total time (years) spent in this occupation 4 yrs					
12 BIRTHPLACE (City) (State or country) Chelsea Mass.					
PARENTS	13 NAME OF FATHER George F. Roberts				
	14 BIRTHPLACE OF FATHER (City) (State or country) Wintthrop				
	15 MAIDEN NAME OF MOTHER Maria Smith				
	16 BIRTHPLACE OF MOTHER (City) (State or country) Wintthrop				
17 Informant George F. Roberts (Address) 202 Chase Ave. Wintthrop					
A TRUE COPY.					
ATTEST: (Registrar of city or town where death occurred)					
DATE FILED Sept. 11, 1935 19					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Sept 5 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Aug 30 1935, to Sept 5 1935 I last saw him alive on Sept 5, 1935, death is said to have occurred on the date stated above, at 4:20 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Cancer of prostate Date of onset Jan 1935					
Contributory causes of importance not related to principal cause: 1					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify: Joseph H. Thompson, M. D. (Signed) (Address) 1675 Main Date 9-5-1935					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (City or town) (Cemetery)					
DATE OF BURIAL Sept 7 1935					
22 NAME OF UNDERTAKER Wendell M. L. Sherman ADDRESS 57 Washington Ave. Chelsea					
Received and filed OCT 24 1935 19					
(Registrar of City or Town where deceased resided)					



N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Ever item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-7

1 PLACE OF DEATH

Middlesex

(County)

Tewksbury

(City or Town)

No. State Infirmary

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 456

2 FULL NAME Frank Peaslee

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

181

(a) Residence. No. 224A Bowdoin

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

15 days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 86

Years 4

Months 0

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Lynn

Mass.

13 NAME OF FATHER

Daniel Peaslee

14 BIRTHPLACE OF FATHER (City)

Not learned

(State or country)

New Hampshire

15 MAIDEN NAME OF MOTHER

Lucy S. Cardis

16 BIRTHPLACE OF MOTHER (City)

Not learned

(State or country)

Not learned

17

Informant (Address)

Hospital Records

A TRUE COPY.

ATTEST:

James H. Kelley, M. D., Supt.

(Registrar of city or town where death occurred)

DATE FILED

September 29

1935

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

State Infirmary
Tewksbury, Mass.

(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

September

29

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept. 12

1935 to

Sept. 29, 1935

I last saw him alive on Sept. 29, 1935, death is said

to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Arteriosclerosis Not learned

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Winthrop Houghton

M. D.

(Address)

State Infirmary

Date 9/30 1935

21 PLACE OF BURIAL Winthrop, Winthrop, Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL October 3

1935

22 NAME OF UNDERTAKER

C. R. Bennison

ADDRESS

Winthrop, Mass.

Received and filed

OCT 17 1935

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 185

1 PLACE OF DEATH
(County) Dorchester
(City or Town) Dorchester
No. 44 Dorchester St., Dorchester Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John P. Casanova
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 44 Dorchester St., Dorchester Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. days. How long in U. S., if of foreign birth? 9 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of John P. Casanova
(Give maiden name of wife in full)(or) WIFE of John P. Casanova
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 37 Years 8 Months 3 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. At Home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. At Home

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

13 NAME OF FATHER John P. Casanova

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Massachusetts

17 Informant John P. Casanova
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

John P. Casanova
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/5/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 5 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 13, 1935, to Oct 9, 1935

I last saw him alive on Oct 3, 1935, death is said

to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Chronic Myocarditis June 1931
Chronic Interstitial Nephritis June 13, 1935

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Personal Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Pyelitis W. S. Parker, M. D.
(Signed) (Address) Winthrop, Mass. Date Oct 4, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER

ADDRESS 117 Winthrop St. "Int'l"

Received and filed 19

OCT 5 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall issue such certificate. If such a permit for the removal of a human body, not seriously injured, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall operate as a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur therein and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

MARGIN RESERVED FOR BINDING

UNIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-30. No. 7997-B

1

PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)
No. 150
St.
Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 186

2 FULL NAME

Maria A. Horrigan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 150
(Usual place of abode)
St. Ward,
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced
HUSBAND of Jeremiah E.
(Give maiden name of wife in full)
(or) WIFE of Jeremiah E.
(Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 61 Years Months Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Oct 1 1935
11 Total time (years) spent in this occupation 40
12 BIRTHPLACE (City) Boston
(State or country) Mass
13 NAME OF FATHER Antino Jacobi
14 BIRTHPLACE OF FATHER (City) Italy
(State or country)
15 MAIDEN NAME OF MOTHER Cannot be learned
16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)
17 Informant Norman Horrigan
(Address) 150 Washington Ave

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct - 4 - 1935
(Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
See preceding page
(See reverse side for description for unknown person)
20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide?
Where did injury occur? (City or town and State)
Manner of Injury Nature of Injury
21 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) M. D. (Address) Date 19
22 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston
(Cemetery) (City or town)
DATE OF BURIAL Oct 7 1935 19
23 NAME OF UNDERTAKER John J. V. ...
ADDRESS Winthrop
Received and filed 19
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
Official Designation (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . — *Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . — *General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent. **187**

1 PLACE OF DEATH
Winthrop (County)
Suffolk (City or Town)
No. 54 Shirley (widowed) St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ellen Wohlschlegel-Fisher (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) no

(a) Residence. No. 54 Shirley St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Oscar Wohlschlegel John H. (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years 9 Months 14 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Cannot be learned New York

13 NAME OF FATHER William Howarth

14 BIRTHPLACE OF FATHER (City) (State or country) Cannot be learned England

15 MAIDEN NAME OF MOTHER Elizabeth Burgess

16 BIRTHPLACE OF MOTHER (City) (State or country) Cannot be learned England

17 Informant Louise Wohlschlegel (Address) 54 Shirley St., Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer 10/5/35 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 4 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from September 13 1935 to October 4 1935 I last saw him or her alive on October 4 1935 death is said to have occurred on the date stated above, at 1:05 PM

The principal cause of death and related causes of importance in order of onset were as follows:

Broncho-Pneumonia Date of Onset IMPORTANT Sept. 23/35

Contributory causes of importance not related to principal cause: Chronic Cholecystitis 1930 Chronic Myocardial Degeneration 1932

Name of operation none Date of What test confirmed diagnosis Chest X-ray Was there an autopsy No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob Abrams M.D. (Address) 367 Shirley St., Winthrop, Mass Oct 4 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop Mass. (Cemetery) (City or town)

DATE OF BURIAL Oct. 7 1935

22 NAME OF UNDERTAKER ADDRESS 1979 Mass. Ave., Cambridge

Received and filed OCT 8 1935 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body of the aforesaid which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons found dead,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family, cook—hold,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 199

PLACE OF DEATH

(County)

(City or Town)

No. Winthrop Community Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lawrence P. Shannon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 72 Temple Ave

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

Married

(write the word)

5a If married, widowed, or divorced

HUSBAND of Nora McCarthy

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

48

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Ass't Treasurer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Banking

10 Date deceased last worked at this occupation (month and year)

1935

11 Total time (years) spent in this occupation

18

12 BIRTHPLACE (City)

Boston

(State or country)

Massachusetts

13 NAME OF FATHER

William G. Shannon

14 BIRTHPLACE OF FATHER (City)

California

(State or country)

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

East Boston Mass

17

Informant

(Address)

Nora Shannon

72 Temple Ave

(Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

10

(Month)

4

(Day)

35

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 1935, to Oct 4, 1935

I last saw him alive on Oct 4, 1935, death is said

to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Carcinoma of Stomach

Contributory causes of importance not related to principal cause:

Acute Dehydration of Heart

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Date 10/8/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

Oct 4

1935

22 NAME OF UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop, Mass

Received and filed

OCT 8 1935

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	1 huffolk (County) Winthrop (City or Town) No 20 W. lshire Street St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	STANDARD CERTIFICATE OF DEATH		Registered No. 189	
2	FULL NAME Mary Anne Joly (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)		
(a) Residence. No 20 W. lshire St. St., Ward , (Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)			
Female	White	married			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of Anthony Joly (Husband's name in full)					
6 IF STILLBORN, enter that fact here					
7 AGE	5 Years _____ Months _____ Days _____	If less than 1 day _____ Hours _____ Minutes _____			
OCCUPATION:		8 Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework			
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic			
10 Date deceased last worked at this occupation (month and year) Sept 1935		11 Total time (years) spent in this occupation. 50			
12 BIRTHPLACE (City) Saubrieville (State or country) Nova Scotia					
13 NAME OF FATHER Ambrose bluffy					
14 BIRTHPLACE OF FATHER (City) At Sea (State or country)					
15 MAIDEN NAME OF MOTHER unknown					
16 BIRTHPLACE OF MOTHER (City) Saubrieville N.S. (State or country)					
17 Informant (Address) M. Anthony Joly 20 W. lshire St. Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress (Signature of Agent of Board of Health or other) Healer (Official Designation) 10/11/35 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Oct 7 1935 (Month) (Day) (Year)		19 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934 to Oct 7, 1935 I last saw him alive on Aug 14, 1935 death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: arteriosclerosis chronic myocarditis chronic Nephritis angina pectoris Contributory causes of importance not related to principal cause: Subacute Gastritis			
Name of operation _____ Date of _____		What test confirmed diagnosis? clinical Was there an autopsy? NO			
20 Was disease or injury in any way related to occupation of deceased? NO		If so, specify Syphilis, N. Dickinson M. D. (Signed) Anthony Joly (Address) Winthrop, Mass Date Oct 7, 1935			
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)		DATE OF BURIAL Oct 9, 1935 19			
22 NAME OF UNDERTAKER J. L. Waterman		ADDRESS 100 W. lshire St. Winthrop			
Received and filed OCT 10 1935		19			
		(Registrar)			

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hotel*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of **persons not disabled by recognized disease**, and those of persons **found dead**.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-e

1

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 224 Bowdoin

St. Ward

2 FULL NAME Martha Louise (Johnson) Cordes
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 224 Bowdoin St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
Female

4 COLOR OR RACE
White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED
Widowed
(write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph William Cordes
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years X Months X Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) Sept. 1935

11 Total time (years) spent in this occupation 30

PARENTS

12 BIRTHPLACE (City) (State or country) Eastport Maine

13 NAME OF FATHER John Johnson

14 BIRTHPLACE OF FATHER (City) (State or country) Deer Isle Maine

15 MAIDEN NAME OF MOTHER Charlotte Cogswell

16 BIRTHPLACE OF MOTHER (City) (State or country) Digby Nova Scotia

17 Informant Mrs. Bessie L. Colton daughter
(Address) 91 Adams St. No. Abington Mass
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 8 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 16 1932 to October 8 1935
I last saw her alive on October 7 1935, death is said to have occurred on the date stated above, at 7:15 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:
Chronic interstitial nephritis 1932
Contributory causes of importance not related to principal cause:
Diabetes Mellitus 1925
Chronic Myocardial Degeneration 1932
Name of operation none Date of operation
What test confirmed diagnosis? Chemical Lab. Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Jacob, Charles
(Signed) (Address) 360 Stanley St. Date Oct 9 1935
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Oct. 10 1935
22 NAME OF UNDERTAKER Charles R. Bernison
ADDRESS Winthrop Me. S.
Received and filed... 19...
OCT 21 1935
A TRUE COPY, ATTEST: (Registrar)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 150

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(If nonresident, give city or town and state)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, above said, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interned, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tentative Edition).*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" without a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *takesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons found dead.

N. B.—WHILE FLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 191

1 PLACE OF DEATH { Suffolk (County)
Winthrop (City or Town)
No. 4 Woodside Park St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Mary W. London
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. Woodside Park St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. days. How long in U. S., if of foreign birth? 5 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE white
5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
6a If married, widowed, or divorced HUSBAND of: (Give maiden name of wife in full) F. B. White
(or) WIFE of: (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10 Date deceased last worked at this occupation (month and year) 1923 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Russia.
(State or country)

13 NAME OF FATHER Jacob Isaac London

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Sarah (nee) (name)

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Fed Fletcher Relation, if any (son)
(Address) Woodside Park St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/9/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 8 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 10, 1933, to October 8, 1935

I last saw him alive on October 8, 1935, death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coronary Thrombosis Date of Onset (IMPORTANT) Oct 8 1935

Contributory causes of importance not related to principal cause: Arteriosclerosis 1930

Name of operation None Date of What test confirmed diagnosis? Autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jacob B. Thompson M. D.
(Address) 562 Shirley St. Date Oct 19 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL North End Cemetery (City or town)

DATE OF BURIAL Oct 9 1935

22 NAME OF UNDERTAKER Jacob Thompson
ADDRESS 100 Woodside Park St.

Received and filed. OCT 10 1935 19

(Registrar)

RETIREMENT CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at any moment of that illness, or through his authorized person, or of any member of his family, or other person, or of any member of the household of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Idem, Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent, atored or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death may be obtained early enough for the purpose, the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder in case of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, and such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith authorize it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the nature or cause of the death, which the clerk or registrar may require. Chap. 114, Sec. 35, G. L., (Medical examiners.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. Gen. Laws Chap. 38, Sec. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth, until he has received a permit so to do, from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians:** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gradually employed may be returned as *children*. Children not gradually employed in answer to Question 8 and *own* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation while *living*, write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully titles of different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "a _____," when a more precise statement of the occupation can be "so-and-so _____," but give the exact occupation, as *chemist*, *electrician*, *mechanic*, *painter*, *machinist*, etc. Distinguish carefully between *valued materials* and *wildcat mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions. If any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 9, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example appears to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Station Hospital, Fort Banks, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Whitson Cook

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Station Hospital, Fort Banks St., Ward,

(Usual place of abode)

(If U. S. War Veteran, specify WAR)

Length of residence in city or town where death occurred — yrs. — mos. 8 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single	(write the word)
---------------	--------------------------	--	------------------

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE — Years — Months 8 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Fort Banks (Winthrop)
(State or country) Massachusetts.

13 NAME OF FATHER Jesse S. Cook

14 BIRTHPLACE OF FATHER (City) Bergen.
(State or country) Kentucky

15 MAIDEN NAME OF MOTHER Betty Rosenberg

16 BIRTHPLACE OF MOTHER (City) Hayward,
(State or country) California17 Informant Jesse S. Cook (Father)
(Address) 306 Huron Ave., Cambridge, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

192

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 10 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 2, 1935, to October 10, 1935

I last saw him alive on October 10, 1935, death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Congenital malformation of heart with absence of upper two-thirds inter-ventricular septum.

Date of Onset
IMPORTANTBirth.
Oct. 2, 35

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James B. Stapleton, 1st Lt., MC, M. D.
(Address) Sta. Hosp., Ft. Banks Date Oct 10 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL 10/12/35 19

22 NAME OF UNDERTAKER O. R. Benson
ADDRESS

Received and filed OCT 21 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section two, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposablely due to injury. These include not only deaths caused directly or indirectly by traumatic agents (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disfigurement resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of school or of home. A woman whose only occupation was that of home housework, write *Housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death not the mode of dying, e. g., heart failure, apoplexy, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. D.—WRITE PLAIN, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Station Hospital, Fort Banks, St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Whitson Cook
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Station Hospital, Fort Banks, St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months 8 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Fort Banks (Winthrop) (State or country) Massachusetts.

13 NAME OF FATHER Jesse S. Cook

14 BIRTHPLACE OF FATHER (City) Bergen, (State or country) Kentucky

15 MAIDEN NAME OF MOTHER Betty Rosenberg

16 BIRTHPLACE OF MOTHER (City) Hayward, (State or country) California

17 Informant Jesse S. Cook (Relation, if any) Father (Address) 306 Huron Ave., Cambridge, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 10 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 2, 1935, to October 10, 1935

I last saw him alive on October 10, 1935, death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Congenital malformation of heart with absence of upper two-thirds inter-ventricular septum.

Date of Onset IMPORTANT

Birth. Oct. 2, 35

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? If so, specify James B. Stapleton

(Signed) JAMES B. STAPLETON, 1st Lt., MC, M. D. (Address) Sta. Hosp., Ft. Banks Date Oct. 10, 35

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER ADDRESS

Received and filed 19

(Registrar)

(3) Medical Examiners will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by trauma (including falls resulting from slips, trips and falls), but also deaths resulting from poisoning (chemical, drugs or poisons), and by the action of chemical (drugs or poisons). Deaths resulting from infection, but also deaths if it is felt that the infection resulted from injury or infection related to occupation, also sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

1

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)
No. Beth Israel Hospital St., — Ward {

2

FULL NAME

Ida Abramson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 171 Shore Drive St., — Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
F

4 COLOR OR RACE
W

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
married
(write the word)

6a If married, widowed, or divorced
HUSBAND of Morris Abramson
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Oct 1 1935

11 Total time (years) spent in this occupation 32

PARENTS

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Sydney Simons

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Cyril -

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Husband- Morris Abramson
(Address) above

A TRUE COPY Hilda Hedstrom Quirk
ATTEST: —
(Registrar of city or town where death occurred)

DATE FILED Oct 15 1935

BOSTON
(City or town making return)
Registered No. 8844
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(If U. S. War Veteran, specify WAR)
1935

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 11 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1 1935, to Oct 11 1935.
I last saw her alive on Oct 11 1935, death is said to have occurred on the date stated above, at 1.20Pm.
The principal cause of death and related causes of importance in order of onset were as follows:
brain abscess
Contributory causes of importance not related to principal cause:
—
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) S. R. Kelson M. D.
(Address) Boston Date 10/12/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth El Mt. Leb W Rox
(Cemetery) (City or town)
DATE OF BURIAL Oct 13 1935

22 NAME OF UNDERTAKER J H Levine
ADDRESS Boston

Received and filed NOV 8 1935 1935
(Registrar of City or Town where deceased resided)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 194

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 35 Banks St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Rose A. Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 35 Banks St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Robert A. Smith (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10 Date deceased last worked at this occupation (month and year) Jan 1934 11 Total time (years) spent in this occupation 50 yrs

12 BIRTHPLACE (City) Ireland (State or country)

13 NAME OF FATHER William Ennis

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Margaret Shaw

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Mary A. Smith Relation, if any (Address) 35 Banks St. DAUGHTER

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer (Official Designation)
(Date of issue of Permit) 10/15/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 12 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Oct. 12, 1935.
I last saw him alive on Oct. 11, 1935, death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis
with Bacterial
decompensation
Date of Onset
IMPORTANT
Nov. 1935

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Ennis E. Brown, M. D.
(Signed) East Boston Date Oct. 13, 1935
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Maiden (Cemetery) (City or town)

DATE OF BURIAL Oct. 15 1935

22 NAME OF UNDERTAKER David J. Dooley
ADDRESS 135 London St. 18 Boston

Received and filed OCT 21 1935 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not actually employed only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *road factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *woodturner*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as to the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **directly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 195

1 PLACE OF DEATH
(County) Essex
(City or Town) Andover
No. 101 Pleasant St., Andover Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Gertrude McDonald (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 101 Pleasant St., Andover Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 5 yrs. - mos. - days. How long in U. S., if of foreign birth? 47 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE Widowed (write the word)
5a If married, widowed, or divorced
HUSBAND of Thomas H. McDonald (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 80 Years 1 Months 9 Days If less than 1 day
Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamboat Comm.
10 Date deceased last worked at this occupation (month and year) 1928 11 Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 13 1935
(Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from December 14, 1932 to Oct. 13, 1935
I last saw him alive on Oct. 13, 1935, death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

Date of Onset
IMPORTANT

10/13/35

Contributory causes of importance not related to principal cause:

Bronchial Asthma
Arteriosclerosis & arterio-sclerotic heart disease
Secondary Anemia

years
years
6 mos

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Dr. J. J. Smith, M. D.
(Address) 9 Central St. Date 10/14 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Oct. 13 1935

22 NAME OF UNDERTAKER

ADDRESS 74 State St. Andover, Md.

Received and filed Oct 21 1935 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. McDonald
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/14/35 (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and his last illness, when last seen, *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no such board, from the clerk of the town where the body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Acts of 1931, as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral tery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance, or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, steam-power engineer,* etc. Avoid the term "laborer" when a more precise name of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, journey machinist,* etc. Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

100m-12-34. No. 2038-e

EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 233 River Road

St., Ward

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 196

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John Hogoney Rex

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 233 River Road

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Married
---------------	--------------------------	--

(write the word)

5a If married, widowed or divorced
HUSBAND of Hannah Hollingsworth Binns
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 5 Months X Days
If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner, Traffic Manager
sawyer, bookkeeper, etc.

9 Industry or business in which
work was done, as silk mill, Western Union office
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and year) Oct. 1935

11 Total time (years)
spent in this occupation 25

12 BIRTHPLACE (City)
(State or country) Lafayette
Pennsylvania

13 NAME OF FATHER
Unable to obtain Ephraim M. Rex

14 BIRTHPLACE OF FATHER (City)
(State or country) Unable to obtain Penn.

15 MAIDEN NAME OF MOTHER
Amanda Layre

16 BIRTHPLACE OF MOTHER (City)
(State or country) Unable to obtain Penn.

17 Informant Mrs. Hannah H.B. Rex (wife)
(Address) 233 River Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 16 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h. c. alive on 19, death is said
to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance in order of onset
were as follows:

Date of Onset

Natural Causes Probably
Angina Pectoris Oct 16 1935

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Raymond B. Parker
(Signed) Winthrop Board of Health Date Oct 17 1935
(Address) M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Oct. 19, 1935

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed OCT 21 1935 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 3.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent forwarded or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original inquest, by a satisfactory certificate of the attending physician, if any, or, in lieu thereof a certificate of the attending as hereinbefore provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker destined to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, certificate, shall forthwith counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the inquest is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gradually employed the only occupation was that of *child or at home*. For a woman whose answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when more precise statement is possible; the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart causing death, as related cause, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1914
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1935

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 60 Johnson Avenue

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lucy Annie (Beadle) Martin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 60 Johnson Avenue St. Ward.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
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(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Ambrose Albert Martin

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years. X Months. X Days If less than 1 day
Hours. Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) Aug. 1935 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Marblehead
(State or country) Massachusetts

13 NAME OF FATHER Joseph Beadle

14 BIRTHPLACE OF FATHER (City) Salem
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Unable to obtain17 Informant Clarence A. Martin (son)
(Address) 60 Johnson Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/18/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 16 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 15, 1933 to October 16, 1935

I last saw her alive on October 16, 1935, death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

Date of Onset

Oct. 10/35

Contributory causes of importance not related to principal cause:

Arteriosclerosis

1930

Senility

1935

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Jacob Ahays (Signed) 562 Plumby St. Oct 17/35 (Address) Date

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL October 19 1935

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed. 19

A TRUE COPY, ATTEST:

(Registrar)

OCT 21 1935

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the town, or its agent, storehouse or from the clerk of the board of health if buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been, sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, certificate, shall forthwith counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (Tercentenary Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral tery or burial ground in which the informant is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting asphyxia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting asphyxia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Atherosclerosis 1913
Chronic interstitial nephritis 1921
Cerebral hemorrhage July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

PLACE OF DEATH

Suffolk
(County)Chelsea
(City or Town)

No. U.S. Naval Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 494

2 FULL NAME

Randolph Albin Pollard

(If deceased was a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 50 Peble St.,

St.,

Ward,

Winthrop, Mass.

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
---------------	--------------------------	---

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 53

Years 10

Months 12

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Interior decorator

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own business

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston,
(State or country) Mass.

13 NAME OF FATHER Isaac

14 BIRTHPLACE OF FATHER (City) Boston,
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Sophia MacLean

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

17

Informant (Address)

Mrs. Marguerette Pollard wife

50 Peble Ave., Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct. 17, 1935

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 494

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran

specify WAR

Sp. Amer.

Ward,

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct. 16, 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from 9/19 35 to 10/16 1935

I last saw him alive on Oct. 13, 1935 death is said

to have occurred on the date stated above at 2.50 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Pulmonary tuberculosis unknown
Lung abscess 1 month

Contributory causes of importance not related to principal cause:

Blood transfusion

Name of operation: Rib resection Date: 10/11/35

What test confirmed diagnosis: Clinical Was there an autopsy: no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. F. Sullivan, M. D. (M. D.)

(Address) 18.11 Chelsea, Mass. Date 10/16/35

21 PLACE OF BURIAL, Winthrop Cem., Winthrop
CREMATION OR REMOVAL (City or town)

DATE OF BURIAL Oct. 19, 1935

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 159

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 47 Pearl Ave. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mollie Schweig
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 47 Pearl Ave. St. Ward, Winthrop, Mass.
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARKED WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER David Shapiro

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Rosa Gurevich

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Max Schweig (Winthrop) 47 Pearl Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer 10/22/35
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 22 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 1935 to Oct 22 1935
I last saw him alive on Oct 21 1935, death is said to have occurred on the date stated above, at 7:54 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage 7.1.135

Contributory causes of importance not related to principal cause:

Secondary aneurysm

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C. Cunningham M. D. (Address) 10/22/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Buried at Beth Israel Cemetery (City or town)

DATE OF BURIAL Oct 22 1935

22 NAME OF UNDERTAKER Max Gurevich 65 Green St. Boston

Received and filed Oct 31 1935 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent, unless until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, by a physician who is a member of the board of health, or employed by it, or by the selectman for the purpose shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45 G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-e

Suffolk

(County)

Winthrop

(City or Town)

No. 25 Winthrop

STANDARD

CERTIFICATE OF DEATH

Registered No. 200

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Herbert Prior

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Winthrop

(Usual place of abode)

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed or divorced

HUSBAND of Fannie Frothingham Robbins

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 65

Years 10

Months 14

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Wholesale Fish Commissioner

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Office

10 Date deceased last worked at this occupation (month and year)

Oct. 1935

11 Total time (years) spent in this occupation

50

12 BIRTHPLACE (City)

Duxbury

(State or country)

Massachusetts

13 NAME OF FATHER

George Peterson Prior

14 BIRTHPLACE OF FATHER (City)

Duxbury

(State or country)

Massachusetts

15 MAIDEN NAME OF MOTHER

Lydia Sampson

16 BIRTHPLACE OF MOTHER (City)

Duxbury

(State or country)

Massachusetts

17

Mrs. Fannie F. Prior

Relation, if any

(wife)

(Address)

25 Winthrop St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct

22

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on, 19, death is said

to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes Probably
Acute Myocarditis
Oct 22/35

Date of Onset

Contributory causes of importance not related to principal cause:

Chronic Myocarditis
1932

Name of operation

What test confirmed diagnosis? *biopsy* Was there an autopsy? *No*20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *P. B. Carter*(Address) *Winthrop Board of Health* Date *Oct 23 1935*21 PLACE OF BURIAL, CREMATION OR REMOVAL *Mt. Hope West Acton Mass*

(Cemetery)

(City or town)

DATE OF BURIAL *October 25*19 *35*

22 NAME OF UNDERTAKER

*Charles R. Bennison*ADDRESS *Winthrop, Mass.*

Received and filed, 19

OCT 31 1935

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commend it and transmit it to the clerk given and the physician carrying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** and sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits may be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gradually employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold,* etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registered No. 201	
STANDARD CERTIFICATE OF DEATH					
Suffolk (County)		Wintthrop (City or Town)			
No. 167 Shore Drive St.		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Ottel Shapiro		(If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a) Residence. No. 167 Shore Drive St.		Ward, Wintthrop, Mass.		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 22 yrs.		mos.		days. How long in U. S., if of foreign birth? 40 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE	(write the word)		
Female	White	MARRIED	Widowed		
5a If married, widowed, or divorced					
HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of Harry Shapiro (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	70	Years	Months	Days	If less than 1 day
					Hours
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		Housework			
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10 Date deceased last worked at this occupation (month and year)			
		11 Total time (years) spent in this occupation.			
12 BIRTHPLACE (City)		Russia			
(State or country)					
13 NAME OF FATHER		Abraham Berkowitz			
14 BIRTHPLACE OF FATHER (City)		Russia			
(State or country)					
15 MAIDEN NAME OF MOTHER		Cannot be learned			
16 BIRTHPLACE OF MOTHER (City)		Russia			
(State or country)					
17 Informant		Rose Halpern (Daughter)			
(Address)		34 School St. Boston			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other)					
Health Officer 10/23/35					
(Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH					
October 22 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from October 1 1935, to October 22 1935					
I last saw him alive on Oct. 22 1935, death is said to have occurred on the date stated above, at 7:30 p.m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Carcinoma of rectum					Date of Onset
					1923
Contributory causes of importance not related to principal cause:					
Carcinoma of lung					1935
Name of operation					
Excision of growth in rectum					
What test confirmed diagnosis? Staining & X-ray					
Date of operation					
1935					
20 Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) Gust. Shausky					
(Address) 362 Stanley St. Boston					
Date Oct 23 1935					
21 PLACE OF BURIAL, CREMATION OR REMOVAL					
Wintthrop Cemetery (Cemetery) (City or town)					
DATE OF BURIAL					
Oct 23 1935					
22 NAME OF UNDERTAKER					
Maxwell Sloutsky					
ADDRESS					
63 Green St. Boston					
Received and filed					
1935					
(Registrar)					

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sex, age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *writing engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes, of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral society or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatic lesions (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

The dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral society or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition).*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every form of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Beth Israel Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

CharlotteGoodman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

50 Cutler

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Abraham Goodman

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

51

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

housework

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Jacob Parker

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Jennie -

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Son- Max Goodmanabove

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct 2419 35

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 9107

(If U. S.

War Veteran,

specify WAR)

203

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Oct221935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct20, 19 35to Oct22, 19 35I last saw her alive on Oct 22, 19 35 death is saidto have occurred on the date stated above, at 5.20A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

tumor of mediastrum5 yrsarteriosclerotic heart diseaseunkcongestive heart failure3 wks

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

B. Alexander

(Address)

Boston

Date

10/22/3521 PLACE OF BURIAL, CREMATION OR REMOVAL Everett Jewish Everett

(Cemetery)

(City or town)

DATE OF BURIAL

Oct2219 35

22 NAME OF UNDERTAKER

M Stanetsky

ADDRESS

Boston

Received and filed

19 35

(Registrar of City or Town where deceased resided)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 54 Highland Avenue

ST.

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 203

2 FULL NAME Margaret Jane Bailey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 54 Highland Avenue

(Usual place of abode)

ST.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos.

days. How long in U. S., if of foreign birth?

yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

75

Years

7

Months

20

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Book keeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Office

10 Date deceased last worked at this occupation (month and year)

1917

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

East Boston

(State or country)

Massachusetts

13 NAME OF FATHER

James Bailey

14 BIRTHPLACE OF FATHER (City)

Scotland

(State or country)

15 MAIDEN NAME OF MOTHER

Hannah C. McGaw

16 BIRTHPLACE OF MOTHER (City)

Scotland

(State or country)

17

Mrs. E. J. McDonald (niece)

(Address)

119 Saratoga St. East Boston

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 203

2 FULL NAME Margaret Jane Bailey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 54 Highland Avenue

(Usual place of abode)

ST.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos.

days. How long in U. S., if of foreign birth?

yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Oct.

24.

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Oct. 14

1935, to

Oct. 24.

1935

I last saw him alive on Oct. 24, 1935, death is said

to have occurred on the date stated above, at 10:35 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

arteriosclerosis
chronic myocarditis

1925

1930

Contributory causes of importance not related to principal cause:

chronic arthritis

1910

Name of operation

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Sydney D. Dickinson M.D.

(Address)

Winthrop Mass. Date Oct. 24, 1935

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Woodlawn

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

October 27, 1935

19

22 NAME OF

UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop Mass

Received and filed

OCT 31 1935

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or its same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until the town where the body delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit in the certificate of health, or its agent, upon receipt of such statement and of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body of the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection**, related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person **aged 10 years or over**. If the occupation had been given up or changed to illness. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—prices monthly, cook—hold, etc.* For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *storeman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.


Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-8

PLACE OF DEATH		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Foxboro (City or town making return)
1 { Foxboro (City or Town) No. State Hospital St., Ward {		STANDARD CERTIFICATE OF DEATH		Registered No. 121 (If death occurred in a hospital or institution, give its NAME instead of street and number) (If U. S. War Veteran, specify WAR)
2 FULL NAME Alice Eatough (If deceased is a married, widowed or divorced woman, give also maiden name.)		204 (If nonresident, give city or town and state)		
(a) Residence. No. Grover Ave St., Ward, Winthrop Mass. (Usual place of abode)		Length of residence in city or town where death occurred 12 yrs. 7 mos. 5 days. How long in U. S., if of foreign birth? yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX M	4 COLOR OR RACE W	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single		
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE 73 Years — Months — Days If less than 1 day Hours Minutes				
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper.			
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation	
12 BIRTHPLACE (City) Taunton (State or country) Mass.				
PARENTS	13 NAME OF FATHER John Eatough			
	14 BIRTHPLACE OF FATHER (City) England. (State or country)			
	15 MAIDEN NAME OF MOTHER Euphemia E Monach			
	16 BIRTHPLACE OF MOTHER (City) Scotland (State or country)			
	17 Informant Record Foxboro State (Address) Boxboro			
A TRUE COPY.				
ATTEST: J. W. Richardson (Registrar of city or town where death occurred)				
DATE FILED Oct 31 1935-				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH Oct 24 1935- (Month) (Day) (Year)				
19 I HEREBY CERTIFY, That I attended deceased from Sept 1 1933, to Oct 24 1935. I last saw him alive on Oct 23 1935, death is said to have occurred on the date stated above, at 7:12 m. A. M.				
The principal cause of death and related causes of importance in order of onset were as follows:				
Carcinoma of left breast with metastases to lung and kidneys 1934				
Contributory causes of importance not related to principal cause:				
Diabetes Mellitus 1932 Senile Psychosis 1913				
Name of operation Blepharoplasty Date of operation				
What test confirmed diagnosis? Lab findings Was there an autopsy? yes				
20 Was disease or injury in any way related to occupation of deceased? If so, specify				
(Signed) Gaylord P. Brown, M. D. (Address) Foxboro Mass. Date 10-24-1935				
21 PLACE OF BURIAL Mayflower Taunton (Cemetery) (City or town)				
DATE OF BURIAL Oct 27 1935-				
22 NAME OF UNDERTAKER Centwright & Hurley. ADDRESS Randolph Mass.				
Received and filed NOV 5 1935 19				
(Registrar of City or Town where deceased resided)				

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME June Marie Frazier
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence. No. 40 Barnes Ave St. 1 Ward, East Boston**
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 8 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female**

4 COLOR OR RACE **White**

5 SINGLE MARRIED WIDOWED OR DIVORCED **Single** (write the word)

5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)

(or) WIFE of _____ (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **4** Years **3** Months **3** Days If less than 1 day Hours _____ Minutes _____

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10 Date deceased last worked at this occupation (month and year) _____

11 Total time (years) spent in this occupation _____

12 BIRTHPLACE (City) **Winthrop** (State or country) **Mass.**

13 NAME OF FATHER **Arthur S. Frazier**

14 BIRTHPLACE OF FATHER (City) **East Boston** (State or country) **Mass.**

15 MAIDEN NAME OF MOTHER **Marie Fennell**

16 BIRTHPLACE OF MOTHER (City) **East Boston** (State or country) **Mass.**

17 Informant **Arthur S. Frazier (Father)** (Address) **40 Barnes Ave., E. B.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Sullivan (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **10/20/35** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 25 1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **October 14, 1935** to **Oct 25, 1935**

I last saw him alive on **Oct 24, 1935**, death is said to have occurred on the date stated above, at **12:10 P.M.**

The principal cause of death and related causes of importance in order of onset were as follows:

Infectious Diarrhea **Oct 10.35**

Contributory causes of importance not related to principal cause: **Bronch pneumonia** **Oct 24.35**

Name of operation _____ Date of _____

What test confirmed diagnosis? **Culture** Was there an autopsy? **Yes**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____

(Signed) **J. J. Gallagher** M. D. (Address) **11 Meridian St., E. B.** Date **Oct 25 1935**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Holy Cross, Milton** (Cemetery) (City or town)

DATE OF BURIAL **October 26, 1935**

22 NAME OF UNDERTAKER **W. J. Kelly**

ADDRESS **11 Meridian St., E. B.**

Received and filed **Oct 31 1935** 19 _____

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If death is caused by violence, the medical examiner shall not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter obtain for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is

very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school or at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Cambridge notified 11/6/35 corrected copy for state
 The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH
 Registered No. 208
 (City or town making return)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 (If U. S. War Veteran, specify WAR)
 (If nonresident, give city or town and state)
 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PLACE OF DEATH

1

Suffolk
 (County)
 Winthrop
 (City or Town)



No. Enroute from Cambridge, Mass. to St. Station Hospital, Fort Banks, Mass. Ward

2 FULL NAME Barbara Ann Sampson
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Notre Dame Avenue St. - Ward, Cambridge, Mass.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female
 4 COLOR OR RACE white
 5 SINGLE MARRIED WIDOWED or DIVORCED single
 (write the word)

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days
 If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10 Date deceased last worked at this occupation (month and year)
 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) - Everett - Winthrop
 (State or country) Massachusetts

13 NAME OF FATHER Joseph R. Sampson

14 BIRTHPLACE OF FATHER (City) Plymouth
 (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Anna M. Higgins

16 BIRTHPLACE OF MOTHER (City)
 (State or country) Ireland

17 Informant Joseph R. Sampson (father)
 (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
 (Signature of Agent of Board of Health or other)
 Health Officer
 (Official Designation)
 10/30/35
 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 29 1935
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 to 19
 I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:
 Stillborn enroute to Station Hospital, Fort Banks, Mass. 10-29-1935
 Date of Onset

Contributory causes of importance not related to principal cause:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify James B. Stapleton
 (Signed) JAMES B. STAPLETON, M. D.
 (Address) Sta. Hosp. Ft. Banks Date Oct 29 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Pauls
 (Cemetery) (City or town)

DATE OF BURIAL Oct 31 1935

22 NAME OF UNDERTAKER Timothy J. Shanley
 ADDRESS No. Cambridge

Received and filed OCT 31 1935

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to a another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 414, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Sec. 45, G. L.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 3.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	1

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits may be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on illness. If the disease causing death report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*whole family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed wife, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If from a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Suffolk (County)		Winthrop (City or Town)		No. 49 Marshall St Winthrop St., Ward		Registered No. 208	
<p>1 PLACE OF DEATH</p> <p>2 FULL NAME <u>Walter Hillsworth Irian</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence. No. <u>49 Marshall St. Winthrop</u> St., <u>Ward</u> (Usual place of abode) (If nonresident, give city or town and state)</p> <p>Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.</p>						<p>To be filed for burial permit with Board of Health or its Agent.</p>	
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH	
<p>3 SEX <u>Male</u></p>		<p>4 COLOR OR RACE <u>White</u></p>		<p>5 SINGLE MARRIED WIDOWED or DIVORCED <u>Married</u> (write the word)</p>		<p>18 DATE OF DEATH <u>Nov. 2 1935</u> (Month) (Day) (Year)</p>	
<p>5a If married, widowed, or divorced HUSBAND of <u>Katherine Heaton Irian</u> (Give maiden name of wife in full)</p> <p>(or) WIFE of _____ (Husband's name in full)</p>						<p>19 I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____ I last saw him _____ alive on _____, 19____, death is said to have occurred on the date stated above, at <u>7 A.</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Natural Causes Probably</u> <u>Cerebral Palsy</u></p>	
<p>6 IF STILLBORN, enter that fact here.</p>						<p>Date of Onset IMPORTANT <u>Nov 2 1935</u></p>	
<p>7 AGE <u>67</u> Years — Months — Days If less than 1 day _____ Hours _____ Minutes</p>						<p>Contributory causes of importance not related to principal cause:</p>	
<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheet Metal Worker</u></p>		<p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Job Shop</u></p>		<p>10 Date deceased last worked at this occupation (month and year) <u>Oct 1935</u></p>		<p>11 Total time (years) spent in this occupation _____</p>	
<p>12 BIRTHPLACE (City) <u>Albany</u> (State or country) <u>N.H.</u></p>						<p>Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>Investigation</u> Was there an autopsy? <u>No</u></p>	
<p>13 NAME OF FATHER <u>Steven Irish</u></p>						<p>20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>R. B. Parker</u> M. D. (Address) <u>Winthrop Board of Health</u> Date <u>Nov 2 1935</u></p>	
<p>14 BIRTHPLACE OF FATHER (City) _____ (State or country) <u>Me.</u></p>						<p>21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop</u> <u>Me.</u> (Cemetery) (City or town)</p>	
<p>15 MAIDEN NAME OF MOTHER <u>Mary E. Irian</u></p>						<p>DATE OF BURIAL <u>Nov 5 1935</u> 19____</p>	
<p>16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <u>Me.</u></p>						<p>22 NAME OF UNDERTAKER <u>Richard H. White</u> ADDRESS <u>147 Winthrop St Winthrop Me.</u></p>	
<p>17 <u>Wife Katherine Heaton Irian</u> Informant (Address) <u>49 Marshall St. Winthrop</u></p>						<p>Received and filed _____ 19____ (Registrar)</p>	
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Child</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>11/4/35</u> (Date of Issue of Permit)</p>							

CAUSES OF DEATH

Gen. Laws, Chap. 46, Sec. 9.

only occupation was that of home housewife, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 9.—The industry or business in which the work was done.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "engineer." When a more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as *auto painter*, *machinist*, etc. Distinguish carefully between *raw materials* and *wholesale merchants*. A person who sells goods should be called a *clerk*, *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example appears to be the second cause given.

A physician or registered hospital medical officer shall forthwith attend the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or some grave or tomb, or from the clerk of the town where the body or its agent is received or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require....

as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....

Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....

Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, IN UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 209

No. 455 Shirley Street, St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie Blanche MacQuarrie
(If deceased is a married, widowed or divorced woman, give also maiden name.)
455 Shirley Street

(a) Residence. No. St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) single.

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 46 Years 1 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) (State or country) Howard R.I.

13 NAME OF FATHER John MacQuarrie

14 BIRTHPLACE OF FATHER (City) (State or country) Hampton P.E.I.

15 MAIDEN NAME OF MOTHER Annie MacRae

16 BIRTHPLACE OF MOTHER (City) (State or country) Augustine Cove P.E.I.

17 Informant (Address) Grace MacQuarrie Sister 455 Shirley St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Mark P. Pratt (Official Designation) 11/7/33 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 5 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to November 5, 1935. I last saw h. alive on November 5, 1935, death is said to have occurred on the date stated above, at 6:00 p.m. The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris
Chronic Hypertension

Date of Onset
IMPORTANT
1/1/35

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No. If so, specify Edward J. Thompson, M. D. (Address) 200 Washington St. Date Nov. 2, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery (City) Cambridge

DATE OF BURIAL Nov. 8, 1935

22 NAME OF UNDERTAKER J. J. Hallinan, Inc. ADDRESS Boston

Received and filed NOV 8 1935 19 (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the death of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the town, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons **found dead.**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 39 Hermon St.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

210

2 FULL NAME Richard T. Minton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Hermon St.
(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of Sarah McDonald Minton

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 77

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Boiler Shop

10 Date deceased last worked at this occupation (month and year)

Jan 1935

11 Total time (years) spent in this occupation

50

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass

13 NAME OF FATHER

Patrick Minton

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

H. Minton

39 Hermon St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Gullare
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

210

2 FULL NAME Richard T. Minton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Hermon St.
(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov.

6,

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 31, 1935, to Nov. 6, 1935

I last saw him alive on Nov. 5, 1935, death is said

to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Coronary Thrombosis 4 yrs.

Contributory causes of importance not related to principal cause:

Pneumonia 2 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Minton, M. D.

(Address) 48 Hermon St. Date 11/6/1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop Mass.

(Cemetery)

(City or town)

DATE OF BURIAL Nov. 8 1935 19

22 NAME OF UNDERTAKER John J. Minton

ADDRESS Winthrop

Received and filed 19

A TRUE COPY, ATTEST:

NOV 8 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or of other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required for the purpose, which, if death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or of *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g. heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 42 Madison Ave.

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 211

2 FULL NAME JOSEPH EDWARD FAY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 42 Madison Ave.

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Male

White

Single

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 24

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Clerk

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

R. C. A.

10 Date deceased last worked at
this occupation (month and
year) Jan 1 193511 Total time (years)
spent in this
occupation 112 BIRTHPLACE (City)
(State or country)

Boston

Massachusetts

13 NAME OF
FATHER

Patrick J. Fay

14 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Massachusetts

15 MAIDEN NAME
OF MOTHER

Mary F. Murphy

16 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Massachusetts

17

Informant
(Address)Patrick J. Fay (Father)
42 Madison Ave., Winthrop.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent, Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Nov 12/35

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

(If death occurred in a hospital or institution,
give its NAME instead of street and number)(If U. S.
War Veteran,
specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

November 10 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 1, 1935, to November 10, 1935

I last saw him alive on November 10, 1935, death is said

to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Chronic Myocarditis & Salvolar
disease
Chronic NephritisYears
Years

Contributory causes of importance (not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Franzen

(Address) 200 Washington St. Date Nov 12 1935

21 PLACE OF BURIAL,

CREMATION OR REMOVAL Winthrop

(Cemetery)

Winthrop (City or town)

DATE OF BURIAL

November 13 1935

22 NAME OF
UNDERTAKER

ADDRESS

John F. O'Neale
Winthrop Massachusetts

Received and filed

NOV 13 1935

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **212**

PLACE OF DEATH

Suffolk

(County)

WINTHROP

(City or Town)

No. 20 Centre

St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Anna Klasson Lindbohm

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No.

20 Centre St. Wintthrop

St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

52

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

AT HOME

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Hoksfik

(State or country)

Sweden

13 NAME OF
FATHER

Joseph Klasson

14 BIRTHPLACE OF
FATHER (City)

Sweden

(State or country)

15 MAIDEN NAME
OF MOTHER

Catherina Gabelson

16 BIRTHPLACE OF
MOTHER (City)

Sweden

(State or country)

17 Informant

(Address)

20 Centre St. Wintthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Nov.

12

1933

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

1933, to Nov 12, 1933

I last saw him alive on Nov 5, 1933, death is said

to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Chronic Myocarditis

1934

Contributory causes of importance not related to principal cause:

Hypertension, Heart Disease, Arteriosclerosis

1934

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date 11/12/1933

21 PLACE OF BURIAL

St. Augustin Cemetery

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 14 1933

19

22 NAME OF
UNDERTAKER

Richard H. White

ADDRESS

1-7 Wintthrop St. Wintthrop

Received and filed

19

A TRUE COPY, ATTEST:

NOV 15 1933

(Registrar)

N. B.—WHILE FILING, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-A



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **213**

1 PLACE OF DEATH **Suffolk**
(County)
Wintthrop
(City or Town)
No. **131 Bartlett Road** St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Marjorie Bissell Major**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **131 Bartlett Road** St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **married** (write the word)

5a If married, widowed, or divorced
HUSBAND of **Watson Major** (Give maiden name of wife in full)
(or) WIFE of **Watson Major** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **26** Years **7** Months **11** Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) **Los Angeles**
(State or country) **California**

13 NAME OF FATHER **Howard C Bissell**

14 BIRTHPLACE OF FATHER (City) **Elliston**
(State or country) **Conn.**

15 MAIDEN NAME OF MOTHER **Helen Thayer**

16 BIRTHPLACE OF MOTHER (City) **New York City N.Y.**
(State or country)

17 Informant **Howard C Bissell**
(Address) **131 Bartlett Road Wintthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. A. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/16/35** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 15 1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Nov F**, 19**35**, to **Nov 15**, 19**35**.
I last saw him alive on **Nov 14**, 19**35**, death is said to have occurred on the date stated above, at **5:45 A** m.
The principal cause of death and related causes of importance in order of onset were as follows:
Cerebral Myocarditis
Date of Onset **Nov 15 1935**
IMPORTANT

Contributory causes of importance not related to principal cause:
Ser. F. 1935

Name of operation **none** Date of
What test confirmed diagnosis **Obviation** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Raymond B. Parker**
(Signed) **Wintthrop Mass** (Address) **Nov 15 1935** (Date)

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Wintthrop Wintthrop**
(Cemetery) (City or town)

DATE OF BURIAL **Nov. 17th 1935**

22 NAME OF UNDERTAKER **Richard E. White**
ADDRESS **147 Wintthrop St. Wintthrop**

Received and filed **NOV 18 1935**
(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *wool factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that the group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received the permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or place of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45 G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Ever, of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-7

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 9887

No. Peter Bent Brigham Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alexander Corbett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 75 Summit Ave St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

M

W

MARRIED
WIDOWED
or DIVORCED

single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

reporter

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

Nov 1935

11 Total time (years) spent in this occupation 45 yrs

12 BIRTHPLACE (City) (State or country)

Scotland

13 NAME OF FATHER

Alexander Corbett

14 BIRTHPLACE OF FATHER (City)

(State or country)

Scotland

15 MAIDEN NAME OF MOTHER

--

16 BIRTHPLACE OF MOTHER (City)

(State or country)

--

17 Informant Cousin-A. W. Corbett

(Address) 396 Huntington Ave Hyde Park

A TRUE COPY.

Heide Hedstrom Dirlik

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Nov 19 1935

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 16 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Oct 21 1935, to Nov 16 1935

I last saw him alive on Nov 16 1935, death is said to have occurred on the date stated above, at 2.25Am.

The principal cause of death and related causes of importance in order of onset were as follows:

acute broncho pneumonia

dys

Contributory causes of importance not related to principal cause:

arteriosclerosis

yrs

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. W. Knowlton, M. D. (Address) Boston Date 11/16/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills Crem Boston (Cemetery) (City or town)

DATE OF BURIAL Nov 18 1935

22 NAME OF UNDERTAKER P. J. L. Peardon ADDRESS Hyde Park

Received and filed 1935

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 365 Winthrop St

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 215

2 FULL NAME

Georgia A. Allen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 29 School St

(Usual place of abode)

St.,

Ward, Rockport

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

James S. Allen
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

82

Years 3

Months 13

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Westport
(State or country) Maine

13 NAME OF FATHER Philip Parsons

14 BIRTHPLACE OF FATHER (City) Westport
(State or country) Maine

15 MAIDEN NAME OF MOTHER Margaret Rhines

16 BIRTHPLACE OF MOTHER (City) Westport
(State or country) Maine

17

Informant (Address) Margaret Allen (daughter)
Rockport Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/18/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

November 17 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 12 1935, to Nov 17 1935

I last saw her alive on Nov 16 1935, death is said

to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Chronic Myocarditis

Sept 12/35

Contributory causes of importance not related to principal cause:

Chronic Interstitial Nephritis

1933

Name of operation

None

Date of

What test confirmed diagnosis? Chautau

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P. B. Parker

(Address) Winthrop Mass

Date Nov 17 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Cemetery

(Cemetery)

(City or town) Gloucester

DATE OF BURIAL

November 20 1935

22 NAME OF UNDERTAKER E. M. F. Burgess

ADDRESS Gloucester Mass

Received and filed

NOV 18 1935

19

A TRUE COPY, ATTEST:

(Registrar)



RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts read by law to be returned and recorded, which shall be accompanied in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 43, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting sepsis) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by **recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or at *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-0-133. No. 9321-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

216

Registered No.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 352 Revere St., Winthrop St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Jennie O. Willis.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 352 Revere St Winthrop St., Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Arthur H. Willis

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 32 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)

Norway

13 NAME OF FATHER

Otto Anderson

14 BIRTHPLACE OF FATHER (City)

(State or country)

Norway

15 MAIDEN NAME OF MOTHER

Marie Johansen

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Norway

17

Informant (Address)

Arthur H. Willis.

352 Revere St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

11 (Month)

23 (Day)

35 (Year)

19 I HEREBY CERTIFY, That I attended deceased from

11-18

1935, to

11-23

1935

I last saw him alive on 11-23, 1935, death is said

to have occurred on the date stated above, at 9:30 p.m. 17 M.

The principal cause of death and related causes of importance in order of onset were as follows:

Lobar Pneumonia

Date of Onset
IMPORTANT
11-18-35

Contributory causes of importance not related to principal cause:

M. S. Pneumonia

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy? 20

20 Was disease or injury in any way related to occupation of deceased? 20

If so, specify Hay fever, etc. (Signed) M. D.

(Address) Chelsea, Mass. Date 11-23-35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop. (Cemetery) (City or town)

DATE OF BURIAL November 25, 1935

22 NAME OF UNDERTAKER William D. Casey

ADDRESS Chelsea Mass.

Received and filed NOV 29 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person died 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical, marine, mining engineer, stationary engineer*, etc. Avoid the term "engineer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

317

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 546 Shirley St.,

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

2 FULL NAME Gertrude (Styles) Jarvis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 546 Shirley St.,

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Female

White

Married

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Elick J. Jarvis

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 64 Years 10 Months 19 Days

If less than 1 day

Hours Minutes

OCCUPATION.

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

At Home

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)

Keene

New Hampshire

13 NAME OF
FATHER

Ambrose Styles

14 BIRTHPLACE OF
FATHER (City)

Vermont

(State or country)

15 MAIDEN NAME
OF MOTHER

not known Wells

16 BIRTHPLACE OF
MOTHER (City)

Vermont

(State or country)

Husband

Informant
(Address)

Elick J. Jarvis

546 Shirley St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

November

25

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
September 20, 1935, to November 25, 1935

I last saw her alive on November 25, 1935, death is said

to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Cerebral Hemorrhage

Oct 29/35

Contributory causes of importance not related to principal cause:

Chronic Myocardial Degeneration 1935

Arteriosclerosis

1934

Name of operation none Date of
What test confirmed diagnosis Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob A. Hayes M. D.

(Address) 147 W. Winthrop St., Winthrop, Mass. Date 11/26/35

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Keene N. H.
(Cemetery) (City or town)

DATE OF BURIAL Nov. 28, 1935

19

22 NAME OF
UNDERTAKER Richard H. White

ADDRESS 147 W. Winthrop St., Winthrop, Mass.

Received and filed 19

NOV 29 1935

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body or same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an official informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall, upon application, make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of a human body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Distinguishing carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the heart, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1921
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WHILE FILLING OUT THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-134. No. 2938-e



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **218**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **37 Shirley St.** St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Lydia (Greenlaw) Parker**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **37 Shirley St.** St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **5** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE **Widowed** (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of **James Parker**
(Give maiden name of wife in full)
(or) WIFE of **James Parker**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **73** Years **2** Months **25** Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. **Housewife**

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. **At Home**

10 Date deceased last worked at
this occupation (month and
year) 11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City) **Calais**
(State or country) **Maine**

13 NAME OF FATHER **Ebenezer Greenlaw**

14 BIRTHPLACE OF FATHER (City) **Calais**
(State or country) **Maine**

15 MAIDEN NAME OF MOTHER **Mary Howard**

16 BIRTHPLACE OF MOTHER (City) **Maine**
(State or country)

17 Informant **Mrs. Helen R. Dilling** (Daughter)
(Address) **37 Shirley St., Winthrop, Mass.**

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 25 1935.**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June, 19**35**, to **Nov 25**, 19**35**.

I last saw h. e. alive on **Nov 25**, 19**35**; death is said
to have occurred on the date stated above, at **10 P.M.**

The principal cause of death and related causes of importance in order of onset
were as follows:

Edema of Lungs Date of Onset **11/23**

Contributory causes of importance not related to principal cause:

Cerebral Hemorrhage **11/10/35**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **H. A. White**, M. D.
(Address) **Winthrop** Date **11/27**, 19**35**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Mt. Hope** **Boston**
(Cemetery) (City or town)

DATE OF BURIAL **Nov. 27, 1935.**

22 NAME OF UNDERTAKER **Richard H. White**
ADDRESS **147 Winthrop St., Winthrop, Mass.**

Received and filed **NOV 29 1935**

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases, certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumaticism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family,* *cook—hotel.* For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1914
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Wintthrop
(City or town making return)
Registered No. 219

1 PLACE OF DEATH (County) Wintthrop
(City or Town) No. 48 Plummer St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Mary b (Machado) Goulart
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 48 Plummer St. Ward, me.
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred X yrs. 9 mos. 25 days. How long in U. S., if of foreign birth 2 yrs. 0 mos. 0 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)
6a If married, widowed, or divorced HUSBAND of James Goulart (Give maiden name of wife in full)
(or) James Goulart (Husband's name in full)

6 IF STILLBORN, enter that fact here.
7 AGE 75 Years 4 Months 1 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Lages Pico
(State or country) More Islands.

13 NAME OF FATHER Munir Machado

14 BIRTHPLACE OF FATHER (City) More Islands.
(State or country)

15 MAIDEN NAME OF MOTHER Catherina b Silva

16 BIRTHPLACE OF MOTHER (City) More Islands.
(State or country)

17 Informant (Address) James Goulart
48 Plummer St. Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Goulart
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/28/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 26 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 26, 1935
I last saw her alive on Nov 25, 1935, death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Date of Onset

Contributory causes of importance not related to principal cause:
Chronic Hypertension

Name of operation... Date of...
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify...
(Signed) James Goulart M. D.
(Address) Wintthrop Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery (City or town)
DATE OF BURIAL November 28 1935

22 NAME OF UNDERTAKER James Goulart
ADDRESS Wintthrop, Mass

Received and filed NOV 28 1935 19

A TRUE COPY, ATTEST: (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent appointed or from the clerk of the town where the body is buried. No such permit shall be issued until three shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts recited by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application made, be the certificate required for the purpose, physical. If death is caused by violence, the medical examiner shall make such certificate. If the permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:		Date of onset
<i>Atherosclerosis</i>		1915
<i>Chronic interstitial nephritis</i>		1921
<i>Cerebral hemorrhage</i>		July 5, 1927
Contributory causes of importance not related to principal cause:		

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . — *Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . — *General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

MADE ON RE-ENTRY OF HUNTER

U. S. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

00m-0-33. No. 9321-A

1 PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

No. *175 Bartlett Rd.*

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eva Mae Godfrey.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. *175 Bartlett Rd.*

St. _____ Ward _____

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos. *45*

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W.

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

Widow.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frank J. Godfrey.

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

56

Years *5*

Months *15*

Days

If less than 1 day

Hours _____

Minutes _____

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

teacher

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Woburn High.

10 Date deceased last worked at this occupation (month and year)

10-35

11 Total time (years) spent in this occupation. *(12)*

12 BIRTHPLACE (City) *Northwood*
(State or country) *N. H.*

13 NAME OF FATHER

Albert Godfrey.

14 BIRTHPLACE OF FATHER (City)

Northwood

(State or country)

N. H.

15 MAIDEN NAME OF MOTHER

Juliet Smith

16 BIRTHPLACE OF MOTHER (City)

Northwood

(State or country)

N. H.

17

Informant (Address)

Mrs. Godfrey, 175 Bartlett Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. A. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

221

Registered No. _____

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov

(Month)

29

(Day)

35

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec-23

19*32*, to

Nov 29

19*33*

I last saw him alive on *Nov 28*, 19*33*, death is said

to have occurred on the date stated above, at *11:30* m.

The principal cause of death and related causes of importance in order of onset were as follows:

acute dilatation of heart few days

Contributory causes of importance not related to principal cause:

acute cholecystitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *James M. Smith*

M. D.

(Address) *200, New Ave*

Date

11/29/35

21 PLACE OF BURIAL

Northwood Northwood

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 2

19*35*

22 NAME OF UNDERTAKER

B. H. C. E. Tripp

ADDRESS

Woburn

Received and filed

Dec 3 1935

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term *laborer*, when a more precise statement of the occupation can be secured. Do not use the word, "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*


RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE and MANNER of DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-30. No. 7997-c

1 PLACE OF DEATH		Suffolk County Wintthrop (City or Town)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent. Registered No. <u>222</u>	
		No. <u>Wintthrop</u> <u>in</u> <u>Wintthrop</u> <u>St.</u>		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
		2 FULL NAME <u>Frank EDWARD Conner</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)			
		(a) Residence. No. <u>218 Main St. Wintthrop</u>		Ward,		(If nonresident give city or town and state)			
		Length of residence in city or town where death occurred		yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)					
Male		White		MARRIED Married					
				WIDOWED or DIVORCED					
5a If married, widowed, or divorced HUSBAND of <u>Margaret M. Campbell Sanger</u> (Give maiden name of wife in full)									
(or) WIFE of _____ (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE <u>57</u> Years Months Days If less than 1 day Hours Minutes									
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
Salesman									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
Office Supplies									
10 Date deceased last worked at this occupation month and year <u>Nov 29 1935</u>									
11 Total time (years) spent in this occupation <u>30</u>									
12 BIRTHPLACE (City) <u>Boston Mass</u> (State or country)									
13 NAME OF FATHER <u>Peter Sanger</u>									
14 BIRTHPLACE OF FATHER (City) <u>Belguim</u> (State or country)									
15 MAIDEN NAME OF MOTHER <u>Margaret Tierney</u>									
16 BIRTHPLACE OF MOTHER (City) <u>Maine</u> (State or country)									
17 Informant <u>Margaret Sanger (wife)</u> (Address) <u>218 Main St</u>									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) <u>7055</u> (Date of Issue of Permit) <u>DEC 6 1935</u>									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH <u>December 29 - 1935</u> (Month) (Day) (Year)									
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <u>Heart Disease</u> <u>Myocardial Infarction</u> <u>Diabetes</u> <u>Long standing</u> <u>at Wintthrop</u>									
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) <u>John F. O'Malley</u> M. D. (Address) <u>Hastur Nov 29 1935</u>									
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Woodlawn</u> <u>Everett</u> (Cemetery) (City or town)									
DATE OF BURIAL <u>December 2, 1935</u> 19									
22 NAME OF UNDERTAKER <u>John F. O'Malley</u>									
ADDRESS <u>Wintthrop Mass.</u>									
Received and filed _____ 19									
(Registrar)									

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

1 PLACE OF DEATH { Middlesex (County) Cambridge (City or Town) No. Cambridge Hospital St., Ward {

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH
Cambridge
(City or town making return)
Registered No. 1389

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 223

(a) Residence. No. 304 Pleasant St. St., Ward, Wintthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE 1 Year 2 Months 3 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Cambridge (State or country) Mass.

PARENTS 13 NAME OF FATHER Lewis W Williamson 14 BIRTHPLACE OF FATHER (City) Canada (State or country) 15 MAIDEN NAME OF MOTHER Miriam Hall Huss 16 BIRTHPLACE OF MOTHER (City) Oak Bluffs (State or country) Mass.

17 Informant Lewis W Williamson father (Address) 304 Pleasant St. Wintthrop

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 31 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows: Stillborn

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. Huntington M. D. (Address) 311 Marlborough Date Oct 31 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wintthrop Wintthrop (Cemetery) (City or town)

DATE OF BURIAL 11/4/1935 19

22 NAME OF UNDERTAKER C. R. Dennison ADDRESS Wintthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec 28, 1935

Received and filed Nov 2 1935 19

(Registrar of City or Town where deceased resided)

RECEIVED



DEC 28 1935 AM

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No.	
No. Community Hospital		St. Ward {		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Margaret Cecelia Lane nee McSweeney		{ (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 32 Pleasant PK RD		St. Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 23 yrs.		mos. days		How long in U. S., if of foreign birth? yrs. mos. days	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED			
female	white	married			
5a If married, widowed, or divorced					
HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of John A. Lane. (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 52 Years 9 Months 10 Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home					
10 Date deceased last worked at this occupation (month and year) Nov. 1, 1935					
11 Total time (years) spent in this occupation 22					
12 BIRTHPLACE (City) Boston (State or country)					
13 NAME OF FATHER Michael McSweeney					
14 BIRTHPLACE OF FATHER (City) Boston (State or country)					
15 MAIDEN NAME OF MOTHER Elizabeth Tunnings					
16 BIRTHPLACE OF MOTHER (City) England (State or country)					
17 Informant John A. Lane - husband (Address) 37 Pleasant PK RD Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Chubb (Signature of Agent of Board of Health or other) Health Officer 12/3/35 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Dec 1 1935 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935, to Dec 1, 1935. I last saw him alive on Nov. 20, 1935, death is said to have occurred on the date stated above, at 12:30 a.m. The principal cause of death and related causes of importance in order of onset were as follows: Polycythemia Contributory causes of importance not related to principal cause: Pulmonary infarct Myocardial infarct Kidney Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes					
20 Was disease or injury in any way related to occupation of deceased? If so, specify Chronic Bronchitis, M. D. (Signed) ... (Address) ... Date 12/3/35					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood Cemetery Brookline (City or town)					
DATE OF BURIAL Dec 7 1935					
22 NAME OF UNDERTAKER Murry + Murry ADDRESS 259 Birch St. Roxbury					
Received and filed 19 DEC 6 1935 (Registrar)					

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another of the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sovet obtained hereunder. If the death certificate contains a finding, as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such finding shall appear on the permit certificate, and the board of health, or its agent, upon receipt of such statement and finding, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall, hereafter furnished for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar, may require. *Chap. 114, Sec. 43, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as far as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 40, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *shoe factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *plumber*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-30. No. 7997-b.

1

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)
No. 78 Chester Ave. St. Ward

2 FULL NAME. Walter Hall Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 78 Chester Ave. North St. Ward, 3
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
Female

4 COLOR OR RACE
White

5 SINGLE MARRIED WIDOWED or DIVORCED
Married (write the word)

5a If married, widowed, or divorced HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of **Fred Gardner Smith**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 57 Years 1 Months 29 Days
If less than 1 day Hours _____ Minutes _____

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House work**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own home**

10 Date deceased last worked at this occupation (month and year) **Dec. 5, 1935**

11 Total time (years) spent in this occupation **33**

PARENTS

12 BIRTHPLACE (City) **Hastings**
(State or country) **North Dakota**

13 NAME OF FATHER **George Hall**

14 BIRTHPLACE OF FATHER (City) **Unable to obtain**
(State or country)

15 MAIDEN NAME OF MOTHER **Mary E. Watts**

16 BIRTHPLACE OF MOTHER (City) **Unable to obtain**
(State or country)

17 Informant **Fred Gardner Smith**
(Address) **78 Chester Ave. Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Gilliland
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/7/35 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent
Registered No. 225

(If death occurred in a hospital or institution, give its NAME instead of street and number)
(If U. S. War Veteran, specify WAR)
(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec - 5 - 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
Cardiac - Coronary Artery Disease
He died in his own home
after a long illness
(See reverse side for description for unknown person)

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? ?
Date of injury Dec-5- 1935

Where did injury occur? in his own home
(City or town and State)
Manner of Injury inhalation of gas
Nature of Injury as above

21 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____ Date Dec-5- 1935

22 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**
(Cemetery) (City or town)
DATE OF BURIAL **December 8,** 1935

23 NAME OF UNDERTAKER **Charles R. Bennison**
ADDRESS **Winthrop Mass**

Received and filed _____ 19_____
DEC 10 1935
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-7



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

BROOKLINE

(City or town making return)

NORFOLK

(County)

BROOKLINE

(City or Town)

No. 29 GORHAM AVENUE

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 473

2 FULL NAME LIZZIE EMMA RICE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR) 226

(a) Residence. No. ADAMS STREET

(Usual place of abode)

St.,

Ward,

WINTHROP, MASS.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Otis D. Rice

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

73

Years

4

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Plymouth

(State or country)

Mass.

13 NAME OF FATHER

Unknown Allen

14 BIRTHPLACE OF FATHER (City)

Unknown

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Elizabeth Finney

16 BIRTHPLACE OF MOTHER (City)

Plymouth

(State or country)

Mass.

17

Informant

Louise E. Finney

(Address)

25 Kent Sq., Brookline

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

December 9,

1935

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December

6

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 1,

1935, to

December 6,

1935.

I last saw her alive on

December 5th, 1935,

death is said

to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hypertension

Cerebral Artery Thrombosis

Syphilis, tertiary

Bronchopneumonia

Date of onset

years

1 yr

years

3 days

Contributory causes of importance not related to principal cause:

Name of operation none

Date of

What test confirmed diagnosis? Phys. exam Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) F. William Marlow

(Address) 128 1/2 Beacon St. Brkln

Date 12/7, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Vine Hill Plymouth, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

December 10,

1935

22 NAME OF UNDERTAKER

J. S. Waterman & Sons

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)

N. B.—WHILE FILLING OUT THIS CERTIFICATE, PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

100m-9-31. No. 3385-f



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

(City or town making return)

Registered No. **227**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **147 Court Rd.**

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dorothy Anderson Gardner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **147 Court Rd. Winthrop Mass.** St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

29

yrs.

mos.

days. How long in U. S., if of foreign birth?

40

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Harry E. Gardner

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

52

Years

0

Months

26

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Frederickton

(State or country)

New Brunswick

13 NAME OF FATHER

John Anderson

14 BIRTHPLACE OF FATHER (City)

Frederickton

(State or country)

N.B.

15 MAIDEN NAME OF MOTHER

Martha Barker

16 BIRTHPLACE OF MOTHER (City)

Frederickton

(State or country)

N.B.

17

Informant (Address)

**John Anderson Nephew
147 Court Road Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec**7****1935**

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

September 17, 1935, to December 7, 1935I last saw him alive on **December 7, 1935**, death is saidto have occurred on the date stated above, at **2 p.m.**

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Carcinoma Bladder**2 Mos.**

Contributory causes of importance not related to principal cause:

**Epithelioma Pubis - Vulva - &
Perineum****2 yrs.**

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? **No.**

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Edward J. Trauger

(Signed)

M. D.

(Address) **200 Washington**Date **Dec. 10 1935**

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop**Winthrop**

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 10 1935**19**

22 NAME OF UNDERTAKER

Richard H. White

ADDRESS

147 Winthrop St Winthrop Mass

Received and filed

DEC 10 1935**19**

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, he is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1897 and Chap. 414, Acts of 1891.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

The Commonwealth of Massachusetts


OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Stoneham

(City or town making return)

Registered No. 185

PLACE OF DEATH

Middlesex
(County)

Stoneham
(City or Town)

No. New Eng. San. & Hosp.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William P. Gorman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 61 Cottage Park Road

St.

Ward,

Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

7

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Frances Ahern

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 41

Years 11

Months 20

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Henry Heide, Inc.

10 Date deceased last worked at this occupation (month and year)

Dec. 2, 1935

11 Total time (years)

spent in this occupation

23

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF FATHER

William Patrick Gorman

14 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Katherine Shea

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass.

17

Informant (Address)

Hospital Records

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Dec. 11, 1935

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 9, 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Acute Meningitis

Sudden death

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of injury

19

Where did injury occur?

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased? No

If so, specify

Roscoe D. Perley

(Signed)

Melrose, Mass.

Date 12/9/35

M. D.

22 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 12,

19 35

23 NAME OF UNDERTAKER

William A. Treanor

ADDRESS

559 Saratoga St. E. Boston

Received and filed

Dec.

19

A TRUE COPY, ATTEST:

(Registrar)

N. H. - WRITE PL. - BY WITH USUALLY IN THE

GOVERNING THE

Gen. Laws, Chap. 46, Sec. 9.

which the clerk or reg.
(*Tercentenary Edition*).

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Sec. 46, G. L. (Tercentenary Edition.)

RULES OF PRACTICE

of the following rules of practice:

illness from disease unrelated to any form of injury.

ance or whose physician is absent from home when the certificate of death is needed.

and those of persons found dead.

N. B.—WHILE FILLING IN, WITH UNFADING INK, THIS IS A VITAL RECORD. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHISICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34, No. 2938-f

Suffolk

(County)

Winthrop

(City or Town)

No. 146 Somerset Ave.

St. Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 230

2 FULL NAME Eva (Grant) Tyler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 146 Somerset Ave.

(Usual place of abode)

St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Albert E. Tyler

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

78

Years

5

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Camden

(State or country)

Me.

13 NAME OF FATHER

Grant

14 BIRTHPLACE OF FATHER (City)

NOT KNOWN

(State or country)

15 MAIDEN NAME OF MOTHER

NOT KNOWN

16 BIRTHPLACE OF MOTHER (City)

NOT KNOWN

(State or country)

17

Informant (Address)

Albert E. Tyler

Relation, if any

(Husband)

146 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. B. Childers

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec. 11 1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 8, 1935, to Dec. 11, 1935

I last saw him alive on Dec. 10, 1935, death is said

to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage Dec. 8, 1935
Bronchopneumonia 1935
Scurvy 1935
Arteriosclerosis 1935

Contributory causes of importance not related to principal cause:

Date of Onset
IMPORTANT

Name of operation

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sybil A. Richardson, M.D.

(Address) Winthrop, Mass. Date Dec. 12, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett Mass

(Cemetery)

(City or town)

DATE OF BURIAL Dec. 13 1935

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St. Winthrop Mass.

Received and filed.....19.....

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or of any member of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, sitting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the town, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a record, as required by section ten of chapter forty-three, of the United States in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; and otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faithfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *stock yard*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish readily between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *debt*.

Statement of cause of death.—Cause of death means the disease, or complication of causes which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-134. No. 2938-f

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 79 Grovers



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 231

2 FULL NAME

Adolph Dinspiend

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

79 Grovers St. Winthrop

(Usual place of abode)

St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

Length of residence in city or town where death occurred 30 yrs. — mos. — days. How long in U. S., if of foreign birth? 60 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
4 COLOR OR RACE white
5 SINGLE MARRIED WIDOWED or DIVORCED widowed

5a If married, widowed or divorced
HUSBAND of Rose Heyman
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years Months Days
If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. none Taxi Driver
10 Date deceased last worked at this occupation (month and year) 1/9/35
11 Total time (years) spent in this occupation Yes

12 BIRTHPLACE (City) Austria
(State or country)

13 NAME OF FATHER Herman Dinspiend

14 BIRTHPLACE OF FATHER (City) Austria
(State or country)

15 MAIDEN NAME OF MOTHER cannot be learned

16 BIRTHPLACE OF MOTHER (City) Austria
(State or country)

17 Informant (Address) Joseph Dinspiend Son
84 State St. Brookline

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/17/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 16 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec 16 1935 to Dec 16 1935

I last saw him alive on Dec 16 1935, death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis

Date of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

cardiac embolus

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Fred Cohen M. D.
(Address) 72 State St. Boston Date 12/16 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Phil Jacob Cuy Wolman
(Cemetery) (City or town) Mass

DATE OF BURIAL Dec 17 1935

22 NAME OF UNDERTAKER Manuel Stanek
ADDRESS 10 Washington St. Dorchester

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until they shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, shall an. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as that of home housework. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1925
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WHILE FILING, WITH UNFADING BLACK INK THIS IS A VITAL RECORD. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-134, No. 2938-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



To be filed for burial permit
with Board of Health
or its Agent.

232

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 28 Pico Avenue St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Marietta Stowe Raymond

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 28 Pico Avenue

(Usual place of abode)

St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred June 1935 mos.

days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Ansel S. Raymond (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 90 Years 2 Months 12 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Rindge
(State or country) New Hampshire

13 NAME OF FATHER David Stowe

14 BIRTHPLACE OF FATHER (City) New Hampshire
(State or country)

15 MAIDEN NAME OF MOTHER Mary Converse

16 BIRTHPLACE OF MOTHER (City) New Hampshire
(State or country)

17 Informant Mary S. Moore (Address) 28 Pico Street Winthrop (Address) (Notice)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 12/19/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 17 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec. 5 1935, to Dec. 17 1935

I last saw her alive on Dec. 16 1935, death is said

to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Granuloma Date of Onset Dec. 4 1935
Chronic Myocarditis 1930
Arteriosclerosis 1925

Contributory causes of importance not related to principal cause:

Name of operation None Date of operation
What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. S. Moore, M. D.

(Address) 89 Somerset Ave. Date Dec. 18 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL East Jaffrey New Hampshire
(Cemetery) (City or town)

DATE OF BURIAL December 19 1935

22 NAME OF UNDERTAKER Richard H. White

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove it from a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent authorized to do so, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death." — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1917
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WHILE FILING, WITH UNFADING BLACK INK THIS IS A PRELIMINARY STATEMENT. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34, No. 2938-f



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **233**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 19 Moore Street St. **Ward**

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Harriet Shaw Hyde**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. **19 Moore**

(Usual place of abode)

St. **Ward**

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred **8** yrs. **0** mos. **0** days. How long in U. S., if of foreign birth? **0** yrs. **0** mos. **0** days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE **WIDOWED** (write the word)
or DIVORCED **Widow**

5a If married, widowed, or divorced

HUSBAND of **Frank Hyde**
(Give maiden name of wife in full)(or) WIFE of **Frank Hyde**
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **95** Years **7** Months **3** Days If less than 1 day
Hours **0** Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. **At Home**

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City) **Montague**
(State or country) **Massachusetts**

13 NAME OF
FATHER **Roland Shaw**

14 BIRTHPLACE OF
FATHER (City) **Montague**
(State or country) **Massachusetts**

15 MAIDEN NAME
OF MOTHER **Brittiana Johnson**

16 BIRTHPLACE OF
MOTHER (City) **Montague**
(State or country) **Massachusetts**

17 Informant **George W. Hyde** (Relation, if any)
(Address) **235 Washington Ave Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **12/19/35** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **December 17** **1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
December 1, 19**30**, to **December 17**, 19**35**

I last saw her alive on **December 17**, 19**35**, death is saidto have occurred on the date stated above, at **2:50 p.m.**
The principal cause of death and related causes of importance in order of onset
were as follows:

Acute cardiac dilatation **12/17/35**

Contributory causes of importance not related to principal cause:

Senility **1933**

Name of operation **none** Date of **12/17/35**
What test confirmed diagnosis **clinical & lab.** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased?
If so, specify **No**

(Signed) **Joseph A. Harris** M. D.
(Address) **562 Stanley St** Date **12/18/35**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Montague** **Laurel Hall Cem**
(Cemetery) (City or town)

DATE OF BURIAL **December 19** **1935**

22 NAME OF UNDERTAKER **Richard H White**

ADDRESS **147 Winthrop St Winthrop Mass**

Received and filed **19****DEC 22 1935**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the same from a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume the body and remove it from a town, from person shall exhume a human from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make it out or by the selectmen for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*maid*, etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, assthemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	<i>1918</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 9, 1927</i>
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Information should be carefully supplied. AGE should be stated EXACTLY. PHICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

231

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital
Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Robert Flater
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 439 Winthrop St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred — yrs. — mos. / days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single (write the word)

18 DATE OF DEATH Dec 18 1935
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from Dec 17 1935, to Dec 18 1935

(or) WIFE of (Husband's name in full)

I last saw h. alive on Dec 18 1935, death is said to have occurred on the date stated above, at 1:30 P.M.

6 IF STILLBORN, enter that fact here.

The principal cause of death and related causes of importance in order of onset were as follows:

7 AGE — Years — Months / Days if less than 1 day — Hours — Minutes

Date of Onset
IMPORTANT

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) — 11 Total time (years) spent in this occupation —

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER Albert F. Flater

14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass

15 MAIDEN NAME OF MOTHER Geraldine Fitzgerald

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant (Address) Albert F. Flater (Father) 439 Winthrop St. Wm.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. J. Maloney, M. D.
(Address) — Date 12/18/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Walden (Cemetery) (City or town)

DATE OF BURIAL December 19 1935

22 NAME OF UNDERTAKER W. J. Kelly

ADDRESS 11 Meridian St. B.

Received and filed. 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Gulderson
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/19/35 (Date of Issue of Permit)

(Registrar)

RETURN OF CERTIFICATE OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If from a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been soon obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1917
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50-m-9-'31. No. 3385-r

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass General Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary J

Briggs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

235

(a) Residence. No.

18 Edge Hill Rd

St.

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Lewis C Briggs

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

67

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

Dec 1 1935

11 Total time (years)

spent in this

occupation. 42 yrs

12 BIRTHPLACE (City)

(State or country)

Cambridge Mass

13 NAME OF FATHER

unknown Meanix

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

--

16 BIRTHPLACE OF MOTHER (City)

(State or country)

--

17

Informant (Address)

Frank E Partridge. Son-in-law

above

A TRUE COPY.

ATTEST:

Hilda Hedstrom Dirks

(Registrar of city or town where death occurred)

DATE FILED

Dec

24

19 35

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 10970

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,
specify WAR)

235

2 FULL NAME

Mary J

Briggs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

235

(a) Residence. No.

18 Edge Hill Rd

St.

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Dec

20

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 3

1935, to

Dec 20

1935

I last saw her alive on

Dec 20

19 35,

death is said

to have occurred on the date stated above, at 5.55A m.

The principal cause of death and related causes of importance in order of onset were as follows:

cancer of cervix

Date of onset

2 mos

Contributory causes of importance not related to principal cause:

uremia

2 dys

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

N C Baker

(Address)

Boston

Date 12/20/19 35

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Rural

Walpole

(Cemetery)

(City or town)

DATE OF BURIAL

Dec

22

19 35

22 NAME OF UNDERTAKER

W H Graham

ADDRESS

Boston

Received and filed

19 35

JAN 7 1936

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-134. No. 2938-e

150 Boston ^{11/27/35} The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

PLACE OF DEATH
 1 Sufflok (County)
 Winthrop (City or Town)
 No. Winthrop Community Hospital, Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anthony Joly
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 101 Waldeck St. St. Ward, 17, Boston Mass.
 (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widower (write the word)	18 DATE OF DEATH December 23, 1935 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Dec. 23, 1935 I last saw him alive on Dec. 23, 1935, death is said to have occurred on the date stated above, at 11:35pm. The principal cause of death and related causes of importance in order of onset were as follows: Cancer of the bladder Date of Onset July 1st 1935
5a If married, widowed, or divorced HUSBAND of Mary Duffy Joly (Give maiden name of wife in full)				
(or) WIFE of (Husband's name in full)				
6 IF STILLBORN, enter that fact here.				
7 AGE 65 Years 4 Months X Days If less than 1 day Hours Minutes				
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman				
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring shop				
10 Date deceased last worked at this occupation (month and year) Nov. 1935			11 Total time (years) spent in this occupation 35	
12 BIRTHPLACE (City) Montreal (State or country) Canada				
13 NAME OF FATHER Paul Joly				
14 BIRTHPLACE OF FATHER (City) Canada (State or country)			Name of operation... Clinical Date of... What test confirmed diagnosis?... Was there an autopsy?...	
15 MAIDEN NAME OF MOTHER Marceline Rochon			20 Was disease or injury in any way related to occupation of deceased? no If so, specify Syphilis & diabetes (Signed) Winthrop Mass M. D. (Address) Date Dec 23 1935	
16 BIRTHPLACE OF MOTHER (City) Montreal (State or country) Canada			21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL December 27 1935 19	
17 Informant (Address) Miss Juanita Joly (daughter) 101 Waldeck St. Boston Mass			22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Guldress (Signature of Agent of Board of Health or other) Health Officer 12/26/35 (Official Designation) (Date of Issue of Permit)			Received and filed... JAN 2 1936 19 A TRUE COPY, ATTEST: (Registrar)	

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or an affidavit of the attending physician, if there is no attending physician, or if, for the purpose of the removal, the medical examiner shall not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith convalidate it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by external causes (including resulting septicaemia and by the action of chemical (gases or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make room entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When no precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Atherosclerosis

Chronic intestinal nephritis

Cerebral hemorrhage

Date of onset

1919

1921

July 8, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Suffolk
(County)Winthrop
(City or Town)

No. 64 Cliff Ave

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 237

2 FULL NAME Robert N. O'Hare

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 64 Cliff Ave Winthrop St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced Catherine F. Murphy HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gilechrist

10 Date deceased last worked at this occupation (month and year) Dec. 1934 11 Total time (years) spent in this occupation 16 yrs.

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER John O'Hare

14 BIRTHPLACE OF FATHER (City) Unknown (State or country)

15 MAIDEN NAME OF MOTHER Sarah Quinn

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Catherine F. O'Hare - Wife (Address) 64 Cliff Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/26/35

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 24, 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec. 13, 1935, to Dec. 24, 1935

I last saw him alive on Dec. 23, 1935, death is said

to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Ch. Myocarditis
Arteriosclerosis
Carcinoma of LiverDate of Onset
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation Date of Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) John M. Dolan, M. D. (Address) 690 Broadway Date Dec. 15, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cambridge (Cemetery) (City or town)

DATE OF BURIAL Dec. 26 1935

22 NAME OF UNDERTAKER Frank J. Mc Glinchey ADDRESS 583 Broadway Chelsea

Received and filed DEC 27 1935 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such recital and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. *Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemicals (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "labored" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-12-34. No. 2938-4

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 253

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 53 Waldemar Ave. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME William J. Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 53 Waldemar Ave. St. Ward,
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed or divorced HUSBAND of Margaret E. Foley (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 1923 11 Total time (years) spent in this occupation 20 yrs

12 BIRTHPLACE (City) Boston (State or country) Mass.

13 NAME OF FATHER Peter Anderson

14 BIRTHPLACE OF FATHER (City) Sweden (State or country)

15 MAIDEN NAME OF MOTHER Ann McLaughlin

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant (Address) Josephine Anderson 53 Waldemar Ave. Relation, if any DAUGHTER

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Anderson (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/26/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 24 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes
Probably Angina Pectoris Dec 24 1935

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? none Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Parker, M. D. (Address) Board of Health Date Dec 25 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery (City or town)

DATE OF BURIAL Dec 27 1935

22 NAME OF UNDERTAKER David J. Dooley

ADDRESS 135 London St.

Received and filed DEC 22 1935

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive to the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for substantial reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been secured hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased died in the army, navy or marine corps of the United States in a war in which it has been engaged, such recital shall appear upon the permit, certificate, board of health, or its agent, upon receipt of such statement and of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tentative Edition).*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying. A heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

PLACE OF DEATH		No. _____ St. _____ Ward _____	
1		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME _____		(If deceased is a married, widowed or divorced woman, give also maiden name.)	
(a) Residence. No. _____ St. _____ Ward _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single	
6a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)			
(or) WIFE of _____ (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE 42 Years Months Days If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant			
10 Date deceased last worked at this occupation (month and year) Jan 1 1931 11 Total time (years) spent in this occupation 14			
12 BIRTHPLACE (City) _____ (State or country) _____			
13 NAME OF FATHER John H. Welch			
14 BIRTHPLACE OF FATHER (City) _____ (State or country) _____			
15 MAIDEN NAME OF MOTHER Rose Harkins			
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) _____			
17 Informant Paul Welch Brother (Address) _____			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			
(Signature of Agent of Board of Health or other) _____			
Official Designation _____ (Date of Issue of Permit) 12/26/35			
18 DATE OF DEATH _____ (Month) _____ (Day) _____ (Year) _____			
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Multiple injuries resulting from a fall from a height of about 20 feet to a concrete sidewalk on Dec. 24, 1935			
(See reverse side for description for unknown person)			
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? _____ (Signed) _____ M. D. _____ (Address) _____ Date Dec. 25, 1935			
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malde (Cemetery) (City or town) _____			
DATE OF BURIAL Dec 27 1935			
22 NAME OF UNDERTAKER Charles H. Treanor (Address) 559 Paratoga St. E. Boston			
Received and filed JAN 2 1936 (Registrar)			

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-c

SUFFOLK

(County)

BOSTON

(City or Town)

No. Peter Bent Brigham Hospital St.

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alfred MSayers

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

37 Myrtle Ave

St.

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

divorced

5a If married, widowed, or divorced

HUSBAND of

Dorothy Berman

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

33

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

window cleaner

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Dec 1935

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

8

12 BIRTHPLACE (City)

(State or country)

Scotland

13 NAME OF FATHER

George Sayers

14 BIRTHPLACE OF FATHER (City)

(State or country)

Scotland

15 MAIDEN NAME OF MOTHER

Sarah Levi

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Scotland

17

Informant (Address)

Bro- George Sayers31 Howland St Rox

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Dec 27

19. 35.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

STANDARD
CERTIFICATE OF DEATHRegistered No. 11075(If U. S.
War Veteran,
specify WAR)210

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec241935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 191935Dec 241935I last saw him alive on Dec 24, 1935 death is saidto have occurred on the date stated above, at 9.15Pm.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

chronic glomerular nephritis with hyper-
tensionJune/34bilateral broncho pneumoniaDec 20/35

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

W W Knowlton

(Signed)

Boston

(Address)

M. D. 12/25/1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

New David Viour Cho. W Rox

(Cemetery)

(City or town)

DATE OF BURIAL

Dec25

19. 35.

22 NAME OF UNDERTAKER

B F Solomon

ADDRESS

Brookline

Received and filed

19. 35.

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-c

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Beth Israel Hospital

- St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

LouisGordon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

10 Beach Rd

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Rosie Shriberg

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

36

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

gas station

10 Date deceased last worked at this occupation (month and year)

Oct 1935

11 Total time (years)

spent in this occupation

yrs

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Samuel Gordon

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Rosie Lourie

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Wife- Rosie Gordonabove

A TRUE COPY.

ATTEST:

Heidi Hedstrom Quirk

(Registrar of city or town where death occurred)

DATE FILED

Dec2719 35

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 11088

(If U. S.

War Veteran,

specify WAR)

241

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec251935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec231935to Dec 251935I last saw him alive on Dec 25, 19 35 death is saidto have occurred on the date stated above, at 1.30A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

aortic stenosis & insufficiency
rheumatic heart disease
congestive failure
pulmonary infarct

2 yrs
2 yrs
6 mos
3 dys

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? yes20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

B. Alexander

M. D.

(Address)

BostonDate 12/25/1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Liberty ProgEverett

(Cemetery)

(City or town)

DATE OF BURIAL

Dec2519 35

22 NAME OF UNDERTAKER

M Stanetsky

ADDRESS

Boston

Received and filed

19 35

(Registrar of City or Town where deceased resided)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

301A

100m-12-34. No. 2938-f

PLACE OF DEATH

Suffolk
Winthrop
(City or Town)

No. Winthrop Community Hq. St. Ward {

2 FULL NAME Eugene P. Moynihan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Neptune Br. St. East Boston
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Annie E. Pendergast (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store.
10 Date deceased last worked at this occupation (month and year) 1927. 11 Total time (years) spent in this occupation 2.

12 BIRTHPLACE (City) Boston, (State or country) Mass.

13 NAME OF FATHER Patrick Moynihan

14 BIRTHPLACE OF FATHER (City) Ireland. (State or country)

15 MAIDEN NAME OF MOTHER Unknown.

16 BIRTHPLACE OF MOTHER (City) Ireland. (State or country)

17 Informant Annie Moynihan (Address) 69 Neptune Rd E. Boston Mass. Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childrens
Agent Dec 29/35
(Official Designation) (Date of Issue of Permit)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 212

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH December 27, 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from Dec. 25, 1935, to Dec. 27, 1935.
I last saw him alive on Dec. 27, 1935, death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Pulmonary edema
Contributory causes of importance not related to principal cause: Elder Pneumonia and Chronic Myocarditis

Date of Onset
IMPORTANT
1/26/35
12/25/35

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Surg. H. E. Egan, M. D.
(Address) 19 Winthrop St. Date 1/27/35

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)

DATE OF BURIAL Dec 30, 1935

22 NAME OF UNDERTAKER Charles H. Trepanier
ADDRESS 559 Saratoga St E B

Received and filed JAN 2 1936

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, the date, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the town shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the coroner, or of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, certificate, shall forthwith counter sign it, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased or as to the manner or cause of the death, when the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to the care of the cemetery or burial ground in which the interment is to be made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposablely due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gradually employed may be returned as *at school* or *of home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-31. No. 3385-f



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

243

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 62 Thornton Park

St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Michael Joseph Whalen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 63 Thornton Park

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Theresa V. Carlin

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

68

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Inspector

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Town Sidewalks

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

9

12 BIRTHPLACE (City)

Dublin

(State or country)

Ireland

13 NAME OF
FATHER

Edward

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Margaret Ryan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant

(Address)

Mrs. Theresa Whalen

63 Thornton Pk.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

December 27

(Month)

(Day)

1935

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

January 1

1935, to

Dec. 27

1935

I last saw him alive on

December 24

1935, death is said

to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of Onset

Carcinoma of liver

Jan. 1935

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Edward J. Traugott

(Address)

200 Washington Ave

M. D.

Date 12-27-1935

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Calvary Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 30 1935

19

22 NAME OF
UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Received and filed

JAN 2 1936

19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*
- Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.
- Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or to same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of the attending as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1921 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease only related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is made.
 - (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **245**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **95 Court Rd.** St. Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Minora Erskine Francis**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **95 Court Rd.** St. Ward,
(Usual place of abode)

Length of residence in city or town where death occurred **81** yrs. **6** mos. days. How long in U. S., if of foreign birth **Life** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE **Married** (write the word)
Married
or **WIDOWED** or **DIVORCED**

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of **Everett Warren Francis**
(Give maiden name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **70** Years **3** Months **19** Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular
kind of work done, as spinner, **House wife**
sawyer, bookkeeper, etc.
9 Industry or business in which
work was done, as silk mill, **At Home**
saw mill, bank, etc.
10 Date deceased last worked at
this occupation (month and
year) **1935** 11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City) **Round Pond**
(State or country) **Maine**

13 NAME OF FATHER **Joseph R. Erskine**

14 BIRTHPLACE OF FATHER (City) **Bristol Hills**
(State or country) **Maine**

15 MAIDEN NAME OF MOTHER **Mary Duncandorf**

16 BIRTHPLACE OF MOTHER (City) **Bristol Hills**
(State or country) **Maine**

17 Informant (Address) **Vivian Francis Phillips** Relation, if any
36 Lyn Fells Melrose Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

H. D. (Official Designation)
Dec 30 1935 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Dec 28 1935**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
Dec 27 19**35** to **Dec 28** 19**35**
I last saw him alive on **Dec 27** 19**35**, death is said
to have occurred on the date stated above, at **4:30** m.
The principal cause of death and related causes of importance in order of onset
were as follows:

Chronic myocarditis 19**35**
Cardiac Distention

Contributory causes of importance not related to principal cause:

Name of operation **none** Date of
What test confirmed diagnosis **etc.** Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **John J. Sullivan** M. D.
(Address) **100 N. 1st St. Boston** Date **Dec 29 1935**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**
(City or town)

DATE OF BURIAL **Dec. 31 1935**

22 NAME OF UNDERTAKER **Emma C. Rollins & Son**
ADDRESS **300 Meridian St. East Boston**

Received and filed **JAN 2 1936**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a *post-mortem* examination by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear on the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The agent so to transmit the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. *Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting electrical) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of housewife, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter, joiner, road builder*, etc. Distinguish carefully between *vital mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Causes of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal causes of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Acute bacillus</i>	1914
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....
.....
.....
.....
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100-12-34. No. 2938-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

246

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 171 Woodside Avenue St. Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Laura Louise (Pike) Munch
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 171 Woodside Avenue St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 3 mos. 5 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles Reinholdt Munch (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 10 Months 20 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Sept. 1935 11 Total time (years) spent in this occupation 55

12 BIRTHPLACE (City) Saint John
(State or country) Newfoundland

13 NAME OF FATHER Jordan Pike

14 BIRTHPLACE OF FATHER (City) Harbor Grace
(State or country) Newfoundland

15 MAIDEN NAME OF MOTHER Susan Gordon

16 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country) Newfoundland

17 Informant Mrs. Kate G. Willis (daughter)
(Address) 171 Woodside Ave Winthrop
Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 2/3/35
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 28 1935
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1935, to Dec 28, 1935.
I last saw him alive on Dec 28, 1935, death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis Jan. 1934

Contributory causes of importance not related to principal cause:

Name of operation None Date of What test confirmed diagnosis? Chest X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify R. B. Parker (Signed) M. D.
(Address) Winthrop, Mass. Date Dec 30, 1935

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Everett Mass
(Cemetery) (City or town)

DATE OF BURIAL December 30 1935

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JAN 2 1936

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the board of health as buried. No such permit shall be issued until the body has been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, in case of an original interment, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physical. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, certificate, or its agent, upon receipt of such statement and the board of health, or its agent, counter sign it and transmit it to the clerk given and the physician certifying the cause of death shall thereafter furnish or registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1914
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1922
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31, No. 3385-r

1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass General Hospital

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John B

Williams

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

52 Pebble

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

married

5a If married, widowed, or divorced

HUSBAND of

Lucy B Young

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

66

Years

3

Months

16

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

1935

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

(State or country)

Springfield Mass

PARENTS

13 NAME OF FATHER

John W Williams

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Mary C Malone

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Hartford Conn

17

Informant (Address)

Wife- Lucy B Williams

above

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Jan 4

1936

1935

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 11395

247

(If U. S. War Veteran, specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec

31

1935

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Dec 30

19 35 to

Dec 31

1935

I last saw him alive on Dec 31, 19 35 death is said

to have occurred on the date stated above, at 4.42A.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

arteriosclerotic & hypertensive heart disease

10 yrs

Contributory causes of importance not related to principal cause:

Congestive heart failure

2 wks

cerebral embolus with cerebral infarction

16 dys

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

L V Ragadale

M. D.

(Address)

Boston

Date

1/2/

19 36

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Malone NY

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 3

1936

1935

22 NAME OF UNDERTAKER

J S Waterman & Sons

ADDRESS

Boston

Received and filed

JAN 14 1936

19 35

(Registrar of City or Town where deceased resided)



STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Birmingham State N.H. Registered No. 218
Township Huntsington or Village _____
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 1 week yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Frank Hanley
(a) Residence: No. _____ St. _____ Ward Winthrop Mass.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S. 21. DATE OF DEATH (month, day, and year) Oct. 12, 1935
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____; death is said

6. DATE OF BIRTH (month, day, and year) Aug. 10, 1865 to have occurred on the date stated above, at _____ m.

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. The principal cause of death and related causes of importance were as follows:
20 2 2 Arterio sclerotic heart
Arterio sclerotic heart
Arterio sclerotic heart

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arterio sclerotic heart
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
Other contributory causes of importance:
Cerebral thrombosis or hemorrhage

12. BIRTHPLACE (city or town) _____ (State or country) Pa.

13. NAME Francis Hanley Name of operation _____ Date of _____

14. BIRTHPLACE (city or town) _____ (State or country) England What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Fannie Hawthorne 23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (city or town) _____ (State or country) Scotland Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (Address) _____ Manner of Injury _____

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____ Nature of injury _____

19. UNDERTAKER (Address) _____ 24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED _____, 19____ (Signed) J. S. Sander M. D.
Registrar. (Address) Portsmouth, N.H.

FEB 2 - 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

611-10931

MARGIN RESERVED FOR BINDING

U. S. No. 98

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1928</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-r

1

PLACE OF DEATH

Middlesex
(County)

Tewksbury
(City or Town)

No. State Infirmary

St.,

Ward {

2

FULL NAME

Louise Noonan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 18 Wadsworth
(Usual place of abode)

St.,

Ward, Winthrop
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 16 days. How long in U. S., if of foreign birth? ? yrs. ? mos. ? days.

3

SEX

Female

4

COLOR OR RACE

White

5

SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a

If married, widowed, or divorced

HUSBAND of
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6

IF STILLBORN, enter that fact here.

7

AGE

77

Years

Months

Days

If less than 1 day

Hours

Minutes

8

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10

Date deceased last worked at this occupation (month and year)

11

Total time (years) spent in this occupation

12

BIRTHPLACE (City)
(State or country)

Not learned
P.E.I.

13

NAME OF FATHER

John Noonan

14

BIRTHPLACE OF FATHER (City)
(State or country)

Not learned
P.E.I.

15

MAIDEN NAME OF MOTHER

Elizabeth Hickey

16

BIRTHPLACE OF MOTHER (City)
(State or country)

Not learned
P.E.I.

17

Informant
(Address)

Hospital Records

A TRUE COPY.

ATTEST:

DATE FILED

December 28, 1935

THE COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

State Infirmary

Tewksbury, Mass.

(City or town making return)

Registered No. 572

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

219

18

DATE OF DEATH

December 28 1935
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from

Dec. 12 1935 to Dec. 28, 1935

I last saw her alive on Dec. 28, 1935, death is said to have occurred on the date stated above, at 11:45n. AM

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis 7 yrs.

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

20

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Holland M. D.
(Address) State Infirmary Date 12/28 1935

21

PLACE OF BURIAL, CREMATION OR REMOVAL

Tewksbury - Tewksbury
(Cemetery) (City or town)

DATE OF BURIAL

December 31, 1935

22

NAME OF UNDERTAKER

H. L. Farmer & Son

ADDRESS

Lee St., Tewksbury, Mass.

Received and filed

FEB 2 1936

(Registrar of City or Town where deceased resided)

